

L10000084937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 28 2013

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Reliant Pharmacy LLC**

*Name of Limited Liability Company*

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Angela L Garrett, EA**

*Name of Person*

**Suncoast Tax & Accounting, Inc**

*Firm/Company*

**1818 Bella Casa Court**

*Address*

**Tampa, FL 33618-1507**

*City/State and Zip Code*

**angiegarrett@tampabay.rr.com**

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

**Angela L Garrett, EA**

*Name of Person*

**813 569-0459**

at (

*Area Code*

*Daytime Telephone Number*

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Reliant Pharmacy LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/12/10 and assigned  
Florida document number L10000084937

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

19107 Harbor Cove Court

(Principal office address MUST BE A STREET ADDRESS)

Lutz, FL 33558

Enter new mailing address, if applicable:

19107 Harbor Cove Court

(Mailing address MAY BE A POST OFFICE BOX)

Lutz, FL 33558

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Gautam Thakkar

New Registered Office Address:

19107 Harbor Cove Court

Enter Florida street address

Lutz

Florida 33558

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|----------------|-----------------------|--------------------------------------------|
| MGRM         | Anil Aremanda  | 13414 Whitehaven Ct   | <input type="checkbox"/> Add               |
|              |                | Spring Hill, FL 34609 | <input checked="" type="checkbox"/> Remove |
| MGRM         | Gautam Thakkar | 19107 Harbor Cove Ct  | <input checked="" type="checkbox"/> Add    |
|              |                | Lutz, FL 33558        | <input type="checkbox"/> Remove            |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input type="checkbox"/> Remove            |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input type="checkbox"/> Remove            |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input type="checkbox"/> Remove            |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input type="checkbox"/> Remove            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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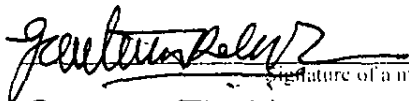
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 21 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Gautam Thakkar

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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