

L11000034767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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11 JUN 27 AM 11:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B Tacklock JUN 28 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MED EXPRESS RX INFO
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:

ASHISH PATEL

Name of Person

Firm/Company

1540 BLOMMINGDALE AVE

Address

VALRICO

City/State and Zip Code

ashishpatel20032002@yahoo.com

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

For further information concerning this matter, please call:

DAN EDWARDS

Name of Person

at (**813**)

310-1982

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2011

1540 ASHISH PATEL
1542 BLOOMINGDALE AVE
VALRICO, FL 33596

SUBJECT: MED EXPRESS RX, LLC
Ref. Number: L11000034767

We have received your document for MED EXPRESS RX, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 611A00012176



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2011

ASHISH PATEL
1540 BLOOMINGDALE AVE
VALRICO, FL 33596

SUBJECT: MED EXPRESS RX, LLC
Ref. Number: L11000034767

We have received your document for MED EXPRESS RX, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 611A00012176

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

MED EXPRESS RX, LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 27 AM 11:14

The Articles of Organization for this Limited Liability Company were filed on MARCH 22, 2011 and assigned
Florida document number L11000034767.

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 "L.L.C."

Enter new principal offices address, if applicable:

1717 SHEPHERD RD

(Principal office address MUST BE A STREET ADDRESS)

LAKELAND, FL 33811

Enter new mailing address, if applicable:

1717 SHEPHERD RD

(Mailing address MAY BE A POST OFFICE BOX)

LAKELAND, FL 33811

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:

New Registered Office Address:

1540 BLOOMINGDALE

Enter Florida street address

VALRICO

, Florida

33596

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AVALAR REALTY OF FL P		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DAN EDWARDS	5626 ROCKFIELD LOOP VALRICO, FL 33596	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ASHISH J PATEL	1540 BLOOMINGDALE AVE VALRICO, FL 33596	<input type="checkbox"/> Add <input checked="" 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

Change of address only (pointing to ASHISH J PATEL)

Change only (pointing to ASHISH J PATEL)

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

Dated MAY 12, 2011

ASHISH PATEL
Signature of member or authorized representative of a member

Daniel C. Edwards
Typed or printed name of signee