

Division of Corporations

Page 1 of 1

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

L11000052572

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 Division of Corporations  
 Fax Number : (850) 617-6383

**From:**  
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 Account Number : FCA0000000023  
 Phone : (850) 222-1092  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 VARGHESE GROUP LLC**

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 J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Varghese Group 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:

Heather Papaleo

Name of Person

Pepper Hamilton LLP

Firm/Company

3000 Two Logan Square

Address

Philadelphia, PA 19103

City/State and Zip Code

papaleoh@pepperlaw.com

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

For further information concerning this matter, please call:

Heather Papaleo

215 981-4787

at ( )

Name of Person

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

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

Varghese Group 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 May 4, 2011 and assigned  
Florida document number L11000052572.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

Florida 33324

*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.*

Margaret E. Routzahn  
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

**MARGARET E. ROUTZAHN**  
Special Assistant Secretary

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

Title	Name	Address	Type of Action
MGR	Biju E. Varghese	15835 Berea Drive	<input type="checkbox"/> Add
		Odessa, FL 33556	<input checked="" type="checkbox"/> Remove
MGR	Martin Rocky	9124 Topneck Street	<input type="checkbox"/> Add
		New Port Richey, FL 34654	<input checked="" type="checkbox"/> Remove
AMBR	Joint Venture Pharmacy FL-02, LLC	2815 Palm Harbor Boulevard	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34683	<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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DIVISION OF CORPORATE AFFAIRS

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

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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)

October 29, 2014

Dated \_\_\_\_\_

Designated by:

Louis Gallardo

Signature of a member or authorized representative of a member

Louis Gallardo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

STATE OF FLORIDA  
DIVISION OF CLERK OF COURT  
14 OCT 31 AM 10:47