

L12000001310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER



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03/26/12--01058--016 **25.00

FILED
12 FEB 26 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE PHARMACY STORE, 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:

VIPULKUMAR PATEL

Name of Person

Firm/Company

840 BLAIRMONT LN

Address

LAKE MARY, FL 32746

City/State and Zip Code

vipulrph@gmail.com

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

For further information concerning this matter, please call:

Vipulkumar Patel

Name of Person

at (**863**)

409-1075

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**

THE PHARMACY STORE, 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 01/03/2012 and assigned
Florida document number L12000001310

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)

840 BLAIRMONT LN

LAKE MARY, FL 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

840 BLAIRMONT LN

LAKE MARY, FL 32746

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TALLAHASSEE, FLORIDA

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:

VIPULKUMAR R PATEL

New Registered Office Address:

840 BLAIRMONT LN

Enter Florida street address

LAKE MARY

City

, Florida

32746

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.

Vipul R. Patel
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:

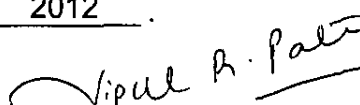
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PATEL, RAMESHBHAI A	522 S HUNT CLUB BLVD, STE 1111 APOPKA FL 32703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PATEL, RAMESHBHAI N	522 S HUNT CLUB BLVD, STE 1111 APOPKA, FL 32703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PATEL, VIPULKUMAR R	840 BLAIRMONT LN LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PATEL, BHAVESH R	522 S HUNT CLUB BLVD, STE 1111 APOPKA, FL 32703	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 21st, 2012



Signature of a member or authorized representative of a member
VIPULKUMAR PATEL

Typed or printed name of signee