

2/2000024460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**

DEC 21 2012

**EXAMINER**

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TALLAHASSEE, FLORIDA

2012 DEC 20 PM 4:32

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2012

VIPUL MAMTORA  
P.O. BOX 600047  
JACKSONVILLE, FL 32260

SUBJECT: VALCARE LLC  
Ref. Number: L12000024460

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for VALCARE 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):

The designation of the registered agent must be at a Florida street address.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 212A00027530

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **VALCARE 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:

**VIPUL MAMTORA**

Name of Person

Firm/Company

**PO BOX 600047**

Address

**JACKSONVILLE FL 32260**

City/State and Zip Code

**JAXKSK@GMAIL.COM**

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

For further information concerning this matter, please call:

**VIPUL MAMTORA**

Name of Person

at ( **904** ) **233-3777**

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

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

**VALCARE 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 \_\_\_\_\_ and assigned Florida document number L12000024460.

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)**

VIPUL MAMTORA

1360 ROBERTS RD

JACKSONVILLE FL 32259

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

VIPUL B MAMTORA

PO BOX 600047

JACKSONVILLE FL 32260

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JACKSONVILLE, 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:

VIPUL B MAMTORA

New Registered Office Address:

~~PO BOX 600047~~ 1360 Roberts Rd.

*Enter Florida street address*

JACKSONVILLE

*City*

Florida 32260 32259

*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>
MGR	ARPIT SHAH M	2617 PECAN PLACE	<input type="checkbox"/> Add
		JACKSONVILLE FL	<input checked="" type="checkbox"/> Remove
		32259	
MGR	PARIKH ANKUR A	1590 CULLAIG CT	<input type="checkbox"/> Add
		ST. JOHNS FL 32259	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

CLERK OF DISTRICT COURT  
MILWAUKEE, WISCONSIN


DEC 20 12 PM 1:32

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated NOVEMBER 1ST, 2012



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

VIPUL B MAMTORA

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

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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