L12000 C 35427

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



400335823014

18/31/19--01004--024 **30.00



C. KILLZEN

COVER LETTER

| TO: | Registration Sect Division of Corpo | anation: | | n, |
|--------|-------------------------------------|---|---|--|
| CHRI | ECT. CARE | MAX PHARME | acy LLC | |
| SUDI | r.v. r. | Name of Limi | ited Liability Company | |
| | | | | |
| The ei | nclosed Articles of A | mendment and fee(s) are sub | mitted for tiling. | |
| Please | return all correspond | dence concerning this matter | to the following: | |
| | | KRISHNAKA | Name of Person PHARMALY LLC Firm/Company | |
| | | | Name of Person | |
| | | CAREMAY | PHARMALY LLC | |
| | | | Firm/Company | . |
| | | Po Box - SL | 1668 | |
| | | | | |
| • | | JACKSONVI | LLE FL 32245 | <u></u> |
| | | | City/State and Zip Code | |
| | | OFFICE @ CF | REMAXPHARMACT | Com |
| | | | | ह्याम्म) |
| For fu | rther information cor | neerning this matter, please co | dl: | |
| KI | 21SH NAKAN | T PANDIT | 11,904, 728- | 2656 |
| | Name of I | ¹ erson | at (<u>904)</u> 728 - 3 Area Code Daytime | Telephone Number |
| Enclo: | sed is a check for the | following amount: | | |
| □ S2 | 25.00 Filing Fee | ■ 530,00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional 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

| CAREMAX PHARMACY L | | | | | |
|--|---|---------------------|------------------------------|-------------|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited l | i <mark>ny as it now appea</mark> Liability Company) | rs on our records.) | 1 | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 120003S4み)</u> . | were filed on | 03 13 2 | 012 | _ and as | ssigned |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | oility company h | ere: | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the | designation "LLC" o | or the abbre | viation "l | L.C." |
| Enter new principal offices address, if applicable: | | | | | . , |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u></u> | 201 | |
| | | | | 9) cct 3 | T S |
| Enter new mailing address, if applicable: | | | - برسر - برسکا - برسکا | _ن _و | , <u>, , , , , , , , , , , , , , , , , , </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u></u> | | <u> </u> | 5 3 |
| | | | **** | .အ _သ_ | ************************************** |
| | | | : | 9 | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | n our records, | enter the | e <u>am</u> | of the r |
| Name of New Registered Agent: | | *** | | | |
| New Designation of Office Addition | | | | | |
| New Registered Office Address: | Enter Flo | rida street address | | | |
| | | , Flor | ida | | |
| | City | | | Zip Code | • |
| New Registered Agent's Signature, if changing Registered Agent: | <u>-</u> | | | | |
| hereby accept the appointment as registered agent and agr | | | - | | |
| provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | | | | | |

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------|-----------------------|----------------|
| MGR | ANKUR A PARIKH | 1509 CULLATE COURT | ⊠ Add |
| | | ST. JHONS, FLORIDA | □ Remove |
| | | 32259 | Change |
| MGR_ | VIPUL B MAMTORA | 1360 ROBERTS ROAD | [Z Add |
| | | JACKSONVILLE, FLORIDA | □ Remove |
| | | 32259 | Change |
| | | | |
| | | | Remove |
| | | | 🗆 Change |
| | | | 🗆 Add |
| | | | □ Remove |
| | | | □ Change |
| | | | Add |
| | | | □ Remove |
| | | | □ Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |

| | · |
|----------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | , 1 |
| Effec | tive date, if other than the date of filing: 10 25 2015 (optional) |
| (If an e | ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| | nent's effective date on the Department of State's records. |
| | |
| the re | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: |
| | e 90th day after the record is filed. |
| | 1 10 29 19 |
| Date | 1 10 29119 |
| | |
| | Signature of a member or authorized representative of a member |
| | |
| | LRISHNAKANT PANDIT Typed or printed name of signee |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00