

L12000 C 35427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

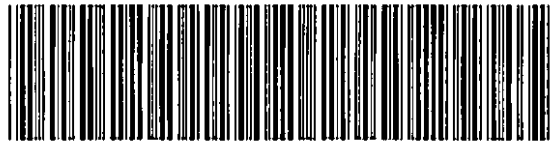
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2019 OCT 31 AM 8:36
TALLAHASSEE, FL

2019
C. Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAREMAX PHARMACY 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:

KRISHNAKANT PANDIT
Name of Person

CAREMAX PHARMACY LLC
Firm/Company

PO Box - 54668
Address

JACKSONVILLE, FL. 32245
City/State and Zip Code

OFFICE @ CAREMAXPHARMACY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISHNAKANT PANDIT at (904) 728-2656
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

CAREMAX PHARMACY LLC

Page 1 of 3

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>	<u>Type of Action</u>
MGR	ANKUR A PARIKH	1509 CULLING COURT	<input checked="" type="checkbox"/> Add
		ST. JOHNS, FLORIDA	<input type="checkbox"/> Remove
		32259	<input type="checkbox"/> Change
MGR	VIPUL B MAMTORA	1360 ROBERTS ROAD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLORIDA	<input type="checkbox"/> Remove
		32259	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/29/19

E. and
are of a member or authorized n

Signature of a member or authorized representative of a member

KRISHNAKANT PANDIT

Typed or printed name of signee