

L12000035427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

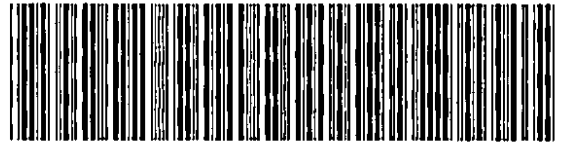
(Business Entity Name)

(Document Number)

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2021 OCT 18 PM 6:37
STATE OF ARIZONA
TALMADGE COUNTY

BRUCE
OCT 27 2021

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:

VIPUL MAMTORA

Name of Person

CAREMAX PHARMACY LLC

Firm/Company

2789 PARK ST.

Address

JACKSONVILLE, FL 32205

City/State and Zip Code

AVOMADEES@GMAIL.COM

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

For further information concerning this matter, please call:

VIPUL MAMTORA

904

233-3777

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 OCT 18 PM 6:37
SUBMITTED
TALLAHASSEE

FILED

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

CAREMAX PHARMACY 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 03/13/2012 and assigned
Florida document number L12000035427.

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 contain 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: VIPUL MAMTORA

New Registered Office Address: 2789 PARK ST
Enter Florida street address

JACKSONVILLE, Florida 32205
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.



If Changing Registered Agent, Signature of New Registered Agent

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	PANDIT, KRISHNAKANT	2789 PARK ST.	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PARIKH, ANKUR	1509 CULLAIG CT	<input type="checkbox"/> Add
		ST. JOHNS, FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2022 OCT 10 PM 3:37
 SHELBY COUNTY
 CLERK OF COURT
 JESSICA L. HARRIS
 CLERK OF COURT

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

UPDATE ON MAILING ADDRESS:

NEW MAILING ADDRESS:

PO BOX 600047

JACKSONVILLE, FL 32260

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CLERK OF COURT
JACKSONVILLE, FL

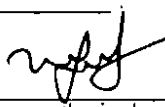
E. Effective date, if other than the date of filing: 10/08/2021 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 OCTOBER 15TH, 2021



Signature of a member or authorized representative of a member

VIPUL MAMTORA

Typed or printed name of signee