#L/2000071675

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section **Division of Corporations**

V & N 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:

Herman Singh

Name of Person

Herman Singh & Associates Inc

Firm/Company

600 Rinehart Rd suite 3118

Address

Lake Mary, FL 32746

City/State and Zip Code

shagerdy@gmail.com

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

For further information concerning this matter, please call:

Herman Singh

at (407) 831-1399

Area Code Daytime Telephone Number

Name of Person

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**



V & N 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 Compa	any were filed on 5/29)/2012	and assigned
Florida document number L 12000071675			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here	;	
The new name must be distinguishable and end with the words "Limited	Liability Company," the des	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered		ur records, enter th	ie name of the ne
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida	street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and			
provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent			
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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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	Name TAPAN VORA	Address 20102 OAKFLOWER A	Type of Action
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. If amendi	ng any other informa	tion, enter change(s) here:	(Attach additional sheet	s, if necessary.)
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Dated	July 337d	. 2014		
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_		Turan bers	,	
		Signature of a menther or author	ized representative of a member	er
	TAPAN VOR			
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Page 3 of 3

Filing Fee: \$25.00