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## **COVER LETTER**

TO:	Registration Se Division of Cor		·		
SUBJI	ECT:	OCALA P	HARMACY LLC		
		Name of Limi	ted Liability Company	1 5 M	
		Amendment and fee(s) are sub	_	TALLAHASSEE, FLORIDA	V
Picase	return all correspo	ondence concerning this matter	to the following:	EF OF S	•
		PA	TEL, RAMESHBHAI S	· Carte Os	
			Name of Person	P	
			Firm/Company		
		8602 SW	HIGHWAY 200, SUITE	A & B	
			Address		
			OCALA FL 34481		
			City/State and Zip Code		
RE-mail address: (			NU@YASHCON.COM to be used for future annual report no	otification)	
For fu	rther information of	concerning this matter, please o	all:		
	RAMES	SHBHAI S PATEL	at ( 352 )	229 3202	
	Name o	of Person	Area Code & Day	time Telephone Number	
Enclos	sed is a check for t	the following amount:			
<b>₽</b> \$2:	5.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAIL	ING ADDRESS:	STREET/COL	RIER ADDRESS:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCALA 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
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:
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 abbreviati "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, <u>enter the name of the neregistered agent and/or the new registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
Flavida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PATEL, KAPLANABEN R	16543 LONG LAKE DR PRAIRIEVILLE LA 70769 US	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.	<i>)</i>
			<del></del>
	NOVEMBER 26	2012	<del></del>
Dated	γ	Zermesh (afel	
	Signature of a n	nember or authorized representative of a member RAMESHBHALS PATEL	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00