## L13000026960

(Requestor's Name)	•
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PICK-UP WAIT MAIL	
(Business Entity Name)	-
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

	egistration 8 Division of Co				
SUBJECT		harmacy LLC			
SOBIFIC	·	Name of Lin	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please reti	am all corresp	ondence concerning this matter	to the following:		
		Sundarampillai Anbalaga	1		
			Name of Person		
		Ritemed Pharmacy LLC			
			Firm/Company		
		13726 Lake Cawood Driv	e		
			Address		: 1 1
		Windermere, FL 34786			
		sanbalag@gmail.com	City/State and Zip Code		
			to be used for future annual report not	ification)	
For furthe	r information	concerning this matter, please c	all:		
Sundaram	apillai Anbalaş	<u>t</u> an	407 797-7761	~~	(1)
	Name	of Person	at () Area Code Daytin	ne Telephone Number	1
Enclosed i	is a check for (	the following amount:			I
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
F II P	Mailing Addre Registration Division of O P.O. Box 63 Fallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee . oe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ritemed Pharmacy LLC			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company w	ere filed on 02/21/2013	and a	ssigned
Florida document number 1.13000026960			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	abbreviation "	IL.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 ad	dress on our records, enter the nai	<u>ne of the n</u>	ew registe
agent and/or the new registered office address here:			CS
		<u>.</u> .	_
Name of New Registered Agent:			
New Registered Office Address:		-0	
	Enter Florida street address	运	.7
	, Florida	#:	<u> </u>
	City	Nip Code	Ľ

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 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>	Address	Type of Action
AMBR	Thumu Sashanka	5122 JALISCO LANE ORLANDO, FL 32822	<b>=</b> Add
			□Remove
			□Change
AMBR	ANANTHULA PRAVEEN	11413 WAKE ORTH ST, ORLANDO 32836	
			□Remove
			□Change
AMBR	TELKUNTALA, SANJANA		
		5122 JALISCO LANE ORLANDO, FL 32822	<b>■</b> Remove
		<u> </u>	□Change
			CDAdd (2)
			Remove
			DChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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