

L13000114209

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6283

From:

Account Name : C.H. ACCOUNTING & TAX SERVICES, INC.  
Account Number : 720150006025  
Phone : (352)846-8610  
Fax Number : (888)482-8019

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HEALTHCAPS LLC

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Corporate Filing Menu

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MAY 25 2016

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2016 MAY 24 PM 3:57  
TALLAHASSEE, FLORIDA

16 MAY 24 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HealthCaps, 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:

Dubravko Culina

Name of Person

Firm/Company

8004 NW 154 Street, Unit 261

Address

Miami Lakes, FL 33016

City/State and Zip Code

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

For further information concerning this matter, please call:

Karan Arora

Name of Person

at ( 786 )

Area Code

505-2726

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/COURIER ADDRESS:**

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HealthCaps, 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 May 23, 2016 and assigned  
Florida document number L13000114209.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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>
AMBR	DUBRAVKO CULINA	20066 NE 36 PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DUBRAVKO CULINA	20066 NE 36 PLACE	<input type="checkbox"/> Add
		MIAMI, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Article V - The name and address of managing members/managers are:

CHANGE TO:	
Title: MGRM	Title: P, MGRM
KARAN ARORA	KARAN ARORA
8004 NW 154TH STREET # 222	8004 NW 154TH STREET # 261
MIAMI LAKES, FL 33016 US	MIAMI LAKES, FL 33016 US
CHANGE TO:	
Title: MGRM	Title: D, MGRM
G. ONE FORMULATIONS PRIVATE LIMITED	DUBRAYKO CULINA
501 B. RD SUKHNA ENCLAVE, KANSAL NAYAGAON	20066 NE 36 PLACE
NAC SAS NAGAR, PUNJAB, PB 160103 IN	MIAMI, FL 33180

**E. Effective date, if other than the date of filing: May 23, 2016 (optional)**

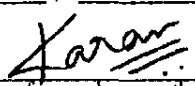
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 May 23, 2016


  
Signature of a member or authorized representative of a member

Karan Arora

Typed or printed name of signee