

L13000 154 098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

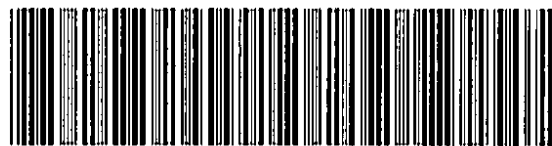
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300335823023

10/31/19--01004--023 \*\*30.00

FILED  
2019 OCT 31 AM 8:33  
TALIAFERRO, PA  
CLERK OF SUPERIOR COURT

NOV 1 2019

RECEIVED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAREMAX PHARMACY 725 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:

KRISHNAKANT PANDIT  
Name of Person  
CAREMAX PHARMACY 725 LLC  
Firm/Company  
PO Box - 54668  
Address  
JACKSONVILLE, FLORIDA 32245  
City/State and Zip Code  
OFFICE@CAREMAXPHARMACY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISHNAKANT PANDIT at ( 904 ) 728-2656  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

CAREMAX PHARMACY 725 LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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	ANKUR. A. PARIKH	1509 CULLAIG COURT	<input checked="" type="checkbox"/> Add
		ST. JHONS, FLORIDA	<input type="checkbox"/> Remove
		32259	<input type="checkbox"/> Change
MGR	VIPUL. B. MAMTORA	1360 ROBERTS ROAD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLORIDA	<input type="checkbox"/> Remove
		32259	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


[illegible]

(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)

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 10/29/19 .

  
Signature of a member of authority

Signature of a member or authorized representative of a member

KRISHNAKANT PANDIT

Typed or printed name of signee