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	(Requestor's Name)	
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COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT:C	AREMAL PHARMA Name of Limit	CY 725 LLC ed Liability Company	
The enclosed Article	s of Amendment and fee(s) are subn	nitted for filing.	
Please return all corr	espondence concerning this matter to	the following:	
	KRISHNAK	PANT PANDIT Name of Person PHARMACY 72 Firm/Company	
		Name of Person	
	CAREMAX	PHARMACY 72	5 44
		Firm/Company	
	Po Box - 9	54668	
		Address	
-	JACKSONVI	ILLE, FLORIDA. 3	2245
		City/State and Zip Code	
	OFFILE @ CH	AREMAXPHARMA () be used for future annual report noti	Y. COM
Vice Contact of Consents			neation)
	on concerning this matter, please cal	1,	
KRISH NAK	CAN'T PANDIT	at (<u>904</u>) <u>728</u> ~ Area Code Daytim	2656
	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	e 🖪 \$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

CAREMAY PHANNEY	7) C 11 C			
CAREMAX H-A-ルカルー (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears o	n our records.)		
TA TRANSA CHIMEN LA	and many Company (11 -		
The Articles of Organization for this Limited Liability Company v	were filed on	11/01/2013	and a	ssigned
Florida document number <u>L 13000154098</u>				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here	:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the desi	gnation "LLC" or the	abbreviation '	·L.L.C."
Enter new principal offices address, if applicable:			- -	
(Principal office address MUST BE A STREET ADDRESS)				_
			;;;;	——————————————————————————————————————
			$\frac{1}{3}$	ें () केवन क्रम ' किस्स
Enter new mailing address, if applicable:			(g)	_ <u>;</u>
(Mailing address MAY BE A POST OFFICE BOX)			_ _	_
		:	ω <u>-</u>	
			. w	6 41
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, <u>ente</u>	r the nam	e of the new
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Floride	street address		
		, Florida		
	City		Zip Coo	···
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. Thereby 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>	Type of Action
MGR	ANKUR. A PARIKH	1509 CULLAIG COURT	□ K∖Add
		ST. JHONS, FLORIDA	🗆 Remove
		32259	□ Change
MGR VIPUL.	VIPUL. B. MAMTORA	1360 ROBERTS ROAD	[29 Add
		JACKSONVILLE, FLORIDA	□ Remove
		32259	□ Change
			
			□ Remove
			□ Change
			🗆 Add
			🗆 Remove
			□ Change
			🗆 Add
			□ Remove
			Change
			□ Add
			Remove
			_□ Change

	
	,)
Effec	tive date, if other than the date of filing: 10/25/19 (optional) fleetive 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 (1)
Note	Higher date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docui	ment's effective date on the Department of State's records.
ne re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	e 90th day after the record is filed.
	1 10 29 19
Date	1 10 124 17
	$\sim \lambda$ i $^{\prime}$ $^{\prime\prime}$
	Daudet-
	Signature of a member of authorized representative of a member KRISHIVAKA-NT ANDIT Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00