

L13000154098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

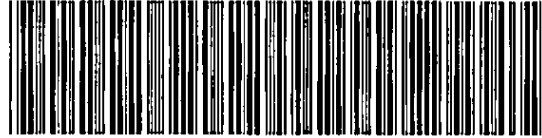
(Business Entity Name)

(Document Number)

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2021 OCT 18 PM 3:07
CLERK OF STATE
TALLAHASSEE, FL

Y. SCOTT
OCT 31 2021

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:

Ankur Parikh
Name of Person

Caremax Pharmacy 725 LLC
Firm/Company

5547 Normandy Blvd
Address

Jacksonville FL 32209
City/State and Zip Code

Mike P @ Caremax Pharmacy
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ankur Parikh at (904) 386-6785
Name of Person Area Code 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 OCT 18 PM 3:07
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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Caremax Pharmacy 725 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 11/01/2013 and assigned
Florida document number L13000154098

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO box 600914
JACKSONVILLE FL 32260

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:

PARIKH ANKUR A

New Registered Office Address:

5517 NORMANDY BLVD

Enter Florida street address


JACKSONVILLE Florida 32205

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>
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MGRM	PANDIT KRISHNAKANT	5547 NORMANDY BLVD	<input type="checkbox"/> Add
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	JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Remove
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		<input type="checkbox"/> Change
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MGR	MAMTORA VIPUL B	1360 ROBERTS RD	<input type="checkbox"/> Add
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	JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Remove
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		<input type="checkbox"/> Change
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MGRM	PARIKH ANKUR A	5547 NORMANDY BLVD	<input type="checkbox"/> Add
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	JACKSONVILLE FL 32205	<input type="checkbox"/> Remove
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FILED
2021 OCT 18 PM 3:07
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

10/7/2021

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.

Dated October 13th 2021

ANKUR A PARIKH

Filing Fee: \$25.00