

From:

Division of Corporations

L14000012940

03/30/2015

#001/004

Page 1 of 1

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
Account Number : 075350000353
Phone : (800) 221-2972
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****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
DHWANIHETARTHI, L.L.C.

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15 MAR 30 AM 10:00

FLORIDA
BUREAU OF CORPORATE
INFORMATION SERVICES

2015 MAR 30 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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From:

03/30/2015 FILED #059 P.002/004

2015 MAR 30 AM 8:29

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DHWANIHETARTHI, L.L.C.

(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 01/23/2014 and assigned
Florida document number L14000012940.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5612 CLOVERLEAF RUN

(Principal office address MUST BE A STREET ADDRESS)

LAKEWOOD RANCH, FL 34211

Enter new mailing address, if applicable:

5612 CLOVERLEAF RUN

(Mailing address MAY BE A POST OFFICE BOX)

LAKEWOOD RANCH, FL 34211

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:

HITESHKUMAR M PATEL

New Registered Office Address:

5612 CLOVERLEAF RUN

Enter Florida street address

LAKEWOOD RANCH, Florida 34211

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

From:

03/30/2015 10:03

#059 P.003/004

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

From:

03/30/2015 10:03

#059 P.004/004

2015-03-26 18:13

heartland pharmacy 18637637666 >> 18636385068

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

Amending the address of the AMBR to:

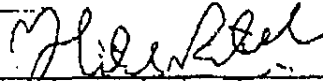
5812 CLOVERLEAF RUN,

LAKEWOOD RANCH, FL 34211

K. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 20 2015



Signature of a member or authorized representative of a member

POOJAPARTHI LIMITED PARTNERSHIP, AMBR, HITESHKUMAR M PATHI, GP OF MEMBER

Typed or printed name of signer

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2015 MAR 30 AM 8:29
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TALLAHASSEE, FLORIDA