

12/08/2015 12:22  
12/8/2015

L14000112789 (FAX)  
Division of Corporations

P.001/005

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 : GULATI LAW  
Account Number : I20130000014  
Phone : (407)900-5054  
Fax Number : (407)517-4931

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: OFFICE@GULATILAW.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CENTRAL CARE PHARMACY LLC

|                       |         |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/08/2015 14:22

(FAX)

P.002/005

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CENTRAL CARE PHARMACY 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:

SARAH GULATI

Name of Person

GULATI LAW P.L.

Firm/Company

479 MONTGOMERY PLACE

Address

ALTAMONTE SPRINGS, FLORIDA 32714

City/State and Zip Code

OFFICE@GULATILAW.COM

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

For further information concerning this matter, please call:

SARAH GULATI

at (407) 900-5054

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

12/08/2015 14:22

(FAX)

FILED P.003/005

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

2015 DEC -8 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CENTRAL CARE PHARMACY 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 07-17-2014 and assigned  
Florida document number L14000112789.

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)

**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:

New Registered Office Address:

Enter Florida street address

City, Florida 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>                      |
|--------------|---------------------|------------------------------|--|
| MGR          | CAIUS JULIUS SANTOS | 14536 Spotted Sandpiper Blvd | <input type="checkbox"/> Add               |
|              |                     | Winter Garden, FL 34787      | <input checked="" 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            |
|              |                     |                              | <input type="checkbox"/> Add               |
|              |                     |                              | <input type="checkbox"/> Remove            |
|              |                     |                              | <input type="checkbox"/> Change            |
|              |                     |                              | <input type="checkbox"/> Add               |
|              |                     |                              | <input type="checkbox"/> Remove            |
|              |                     |                              | <input type="checkbox"/> Change            |

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(FAX)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. 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 December 8, 2015.



Signature of a member or authorized representative of a member

SRIDHAR NADIMPALLI



Typed or printed name of signer

SRIKAR NALLAVOLU

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