

L16000147181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

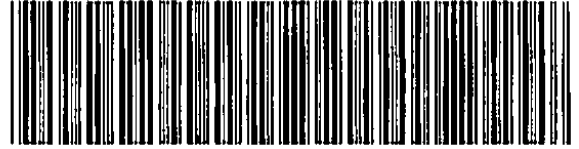
(Business Entity Name)

(Document Number)

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2023 NOV 13 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

DEC 17 2020

TO: Registration Section
Division of Corporations

SUBJECT: P&M 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:

NIRMAL PATEL

Name of Person

NP ACCOUNTING SOLUTIONS

Firm/Company

24758 STATE ROAD 54, SUITE 101

Address

LUTZ, FL 33559

City/State and Zip Code

NPACCOUNTING@NMPTAX.COM

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

For further information concerning this matter, please call:

NIRMAL PATEL

813

667-8312

at ()

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

TO
ARTICLES OF ORGANIZATION
OF

FILED

P&M PHARMACY LLC

2023 NOV 13 PM 1:48

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/06/2020 and assigned
Florida document number L16000147181.

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:

7753 LAKE WORTH RD

(Principal office address MUST BE A STREET ADDRESS)

LAKE WORTH, FL 33467

Enter new mailing address, if applicable:

7753 LAKE WORTH RD

(Mailing address MAY BE A POST OFFICE BOX)

LAKE WORTH, FL 33467

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent:

NIRMAL PATEL

New Registered Office Address:

24758 STATE ROAD 54, SUITE 101

Enter Florida street address

LUTZ

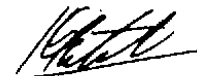
City

Florida 33559

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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

FILED

<u>Title</u>	<u>Name</u>	<u>Address</u>	2023 NOV 13 PM 1:48	<u>Type of /</u>
MGR	SHAILESH SHAH	2126 MILANO CT., PALM BEACH GARDENS, FL 33418	SECRETARY OF STATE TALLAHASSEE, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remc <input type="checkbox"/> Chan
MGR	ALKA SHAH	2126 MILANO CT., PALM BEACH GARDENS, FL 33418		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remc <input type="checkbox"/> Chan
MGRM	TEJAS PATEL	123 CASTLE ISLAND PLACE JUPITER, FL 33458		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remc <input type="checkbox"/> Chan
MGRM	TARUN PATEL	9502 WINSTON AVE LUBBOCK, TX 79424		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remc <input type="checkbox"/> Chan
MGRM	MUSA ALSHIBLY	5080 SW 141st AVE 33027		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remc <input type="checkbox"/> Chan <input type="checkbox"/> Add <input type="checkbox"/> Remc <input type="checkbox"/> Chan

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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

(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.

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.

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 record is filed.

Dated NOVEMBER 09, 2020



Signature of a member or authorized representative of a member

TEJAS PATEL

Typed or printed name of signee