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199199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

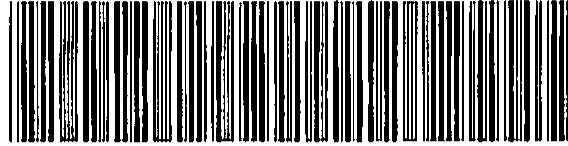
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Special Instructions to Filing Officer:

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07/23/20--01025--021 \*\*25.00

20 NOV 18 AM 10:45

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CLERK OF STATE  
COURT CLERK'S OFFICE

Amend

NOV 3 2020

D CUSHING

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: SUBHAM HEALTHCARE LLC  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHIRAG PATEL  
Name of Person

SUBHAM HEALTHCARE LLC  
Firm/Company

102 9th ST SE  
Address

STEINHATCHEE FL-32359  
City/State and Zip Code

Steinhatcheedrugs@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHIRAG PATEL at (201) 704 8910  
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

20 NOV 18 PM 10:15  
FILED  
CLERK OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2020

CHIRAG PATEL  
SUBHAM HEALTHCARE LLC  
102 9TH ST SE  
STEINHATCHEE, FL 32359

SUBJECT: SUBHAM HEALTHCARE LLC  
Ref. Number: L16000199199

We have received your document for SUBHAM HEALTHCARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to complete the attached amendment form to do what you are trying to do.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 320A00017373

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SUBHAM HEALTHCARE LLC

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

20 NOV 18  
FILED  
CLERK OF COURT  
JANUARY 10 2019  
FBI

The Articles of Organization for this Limited Liability Company were filed on 10/28/2016 and assigned  
Florida document number L16000199199.

This amendment is submitted to amend the following:

1. 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

102 9TH ST SE  
STEINHATCHEE FL-32359

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

102 9TH ST SE  
STEINHATCHEE FL-32359

2. 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:

CHIRAG PATEL

New Registered Office Address:

102 9TH ST SE

Enter Florida street address

STEINHATCHEE, Florida 32359  
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

Adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

R = Manager

BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	<u>CHERAG PATEL</u>	<u>403 HEATHER HILLS DR</u>	<input checked="" type="checkbox"/> Add
		<u>CLERMONT FL-34711</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MR	<u>SHRUTI PATEL</u>	_____	<input type="checkbox"/> Add
		<u>665 ROB ROY DR</u>	<input checked="" type="checkbox"/> Remove
		<u>CLERMONT FL-34711</u>	<input type="checkbox"/> Change
MR	<u>HARIT PATEL</u>	_____	<input type="checkbox"/> Add
		<u>16740 CARAVAGGIO LOOP</u>	<input checked="" type="checkbox"/> Remove
		<u>CLERMONT FL-34711</u>	<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

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

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 605.0207 (3)(b)

**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 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 the document is filed.

dated 10/18/2020 . \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member

CHIRAG

PATEL

\_\_\_\_\_  
Typed or printed name of signee