

L17000001440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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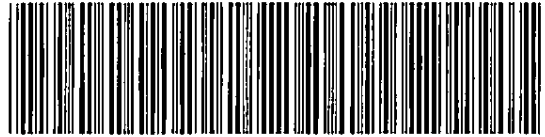
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF STATE
TALLAHASSEE, FL

2024 JAN -3 AM 10:05

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECKERDS 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:

BHAVESHKUMAR PATEL

Name of Person

Firm/Company

4404 66TH ST N.

Address

KENNETH CITY FL 33709

City/State and Zip Code

VISTARAKC@GMAIL.COM

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

For further information concerning this matter, please call:

Bhaveshkumar Patel

813 900-4995
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

2024 JAN -3 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FL

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

ECKERDS 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 01/03/2017 and assigned
Florida document number L17000001440.

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)

4404 66TH STREET N

KENNETH CITY FL-33709

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4404 66TH STREET N

KENNETH CITY FL-33709

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:

BHAVESHKUMAR B PATEL

New Registered Office Address:

4404 66TH ST N

Enter Florida street address

KENNETH CITY

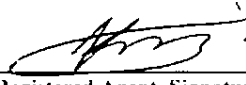
City

Florida 33709

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	PATEL, JAGDISHKUMAR M	4003 61ST DR E	<input type="checkbox"/> Add
		BRADENTON, FL 34203	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	RAO, NIDHI V	9625 Carnoustie Place	<input type="checkbox"/> Add
		Lakewood Ranch, FL 34211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	PATEL, RENUKA	4003 61st Dr E	<input type="checkbox"/> Add
		Bradenton, FL 34203	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATEL, BHAVESHKUMAR B	11342 AMERICAN HOLLY DR	<input checked="" type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL, MANANKUMAR N	19201 VERDANT PASTURE WAY	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL, RAJDEEP V	17806 CANARY PT LN	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FL
TAMPA

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>
MBR	PATEL , DHRUV	13247 WELLINGTON HILLS DR	<input checked="" type="checkbox"/> Add
		RIVERVIEW, FL 33579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FL

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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 December 26, 2023

Bhaveshkumar B. Patel
Typed or printed name of signee

Filing Fee: \$25.00