

L17000091781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

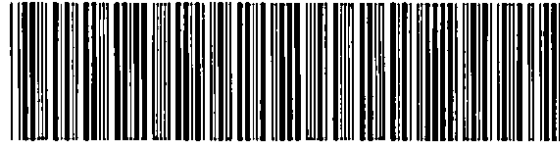
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FILED  
17 AUG 10 PM 12:47  
TALLAHASSEE, FLORIDA

D. SCOTT

AUG 11 2017

To: Dept of State.  
Division of Corporations.

This is to change everything from -  
Sridharan Gokhale to Bhagavan Gokhale.

1. Registered Agent -
2. Authorized Person

And also to change mailing address, i.e.  
change from P.O. Box Address to actual principal  
(physical) address.

Your help is appreciated.

  
Bhagavan Gokhale

RECEIVED  
DIVISION OF CORPORATIONS  
JAN 10 1967

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Z HILLS 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:

BHAGAVAN. GOTTIPATI

Name of Person

Z HILLS PHARMACY. LLC.

Firm/Company

36600 - SR - 54

Address

ZEPHYRHILLS FL 33541

City/State and Zip Code

ZHILLSRX@gmail.com

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

For further information concerning this matter, please call:

BHAGAVAN. GOTTIPATI

Name of Person

at ( 813 ) 220-6863

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

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

ZEPHYRUS 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 3/6/17 and assigned  
Florida document number L 170000517 & 1.

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 "LLC."

**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)**

36600 - FL - 54

ZEPHYRUS - FL 33541

**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:

BHAGAVAN GOTTIPATI

New Registered Office Address:

36600 FL-54

Enter Florida street address

Zephyrus Hills

City

Florida

33541

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>
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<u>MGR</u>	<u>SUDHARANI</u> <u>GOTTIPATI</u>	<u>36600 FL 54</u>	<input type="checkbox"/> Add
		<u>26600 FL 3354</u>	<input checked="" type="checkbox"/> Remove

☐ Change

<u>AMBR</u>	<u>SUDHARANI</u> <u>GOTTIPATI</u>	<u>- as above -</u>	<input type="checkbox"/> Add
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☒ Remove

☐ Change

<u>MGR</u>	<u>BHAGAVAN</u> <u>GOTTIPATI</u>	<u>- as above -</u>	<input checked="" type="checkbox"/> Add
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☐ Remove

☐ Change

<u>AMBR</u>	<u>BHAGAVAN</u> <u>GOTTIPATI</u>	<u>- as above -</u>	<input checked="" type="checkbox"/> Add
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☐ Remove

☐ Change

☐ Add

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