

h20 000051064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

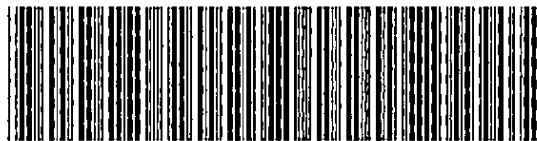
(Business Entity Name)

(Document Number)

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2021 OCT 15 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

BRUCE  
OCT 15 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KAILASH RX 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:

JAYESH MEHTA

Name of Person

KAILASH RX LLC

Firm/Company

1240 PROVIDENCE BLVD, UNIT # 1&2

Address

DELTONA, FL, 32725

City/State and Zip Code

JAYESHANDPOOJA@GMAIL.COM

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

For further information concerning this matter, please call:

JAYESH MEHTA

at (407) 7292870

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

2021 OCT 15 AM 11:13  
TALLAHASSEE, FL  
REGISTRATION SECTION

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

KAILASH RX 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 12/01/2021 and assigned Florida document number L20000051064.

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:

JAYESH MEHTA

New Registered Office Address:

1240 PROVIDENCE BLVD UNIT#1&2

*Enter Florida street address*

DELTONA

*City*

Florida 32725

*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	JAYESH MEHTA	2276 OSPREY AVE	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PRAGNESH PATEL	224 PATRIOT LANE	<input checked="" type="checkbox"/> Add
		DOWNINGTON PA 19335	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MENDPARA ARVIND	4725 HIGH OAK COURT	<input checked="" type="checkbox"/> Add
		ORLANDO FL 82819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL BHAVIKA	6036 GLORY BOWER DR	<input type="checkbox"/> Add
		WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL, PRERANA	4327 ISABELLA CIRCLE	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET  
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TALLAHASSEE, FL

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SECRETARY OF THE  
TALLAHASSEE COUNTY

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SECRETARY OF THE  
TALLAHASSEE COUNTY

(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)

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 the record is filed.

Signature of a member or authorized representative of a member

Jayesh Melita  
Typed or printed name of signee

**Filing Fee: \$25.00**