

L21000275699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

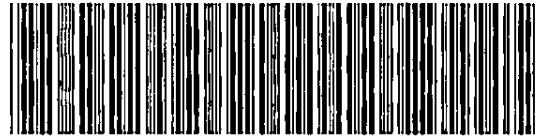
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Specific Nature of Business

Office Use Only



300383754963

03/21/22--01010--004 **25.00

FILED

2022 APR 18 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAY 11 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K HARWA PATEL MD OF NC, 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:

RUCHA KHARWA PATEL

Name of Person

Firm/Company

14911 SMITTER RESERVE DR

Address

TAMPA, FL 33618

City/State and Zip Code

rkhar816@gmail.com

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

For further information concerning this matter, please call:

RUCHA KHARWA PATEL 919 454-9492
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

KHARWA PATEL MD OF NC, LLC

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

FILED
2022 APR 18 AM 10:49

SECRETARY OF STATE
JULIE 14-2024

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L21000275699.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KHARWA PATEL MD OF NC, PLLC

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

I hold a medical ^{license} ~~license~~ and need to be set up as
a PLLC. ~~Planned~~

E. 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 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.

Dated March 16th, 2022.



Signature of a member or authorized representative of a member

Ruchna Kharwa Patel

Typed or printed name of signer



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 18 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FL

April 5, 2022

RUCHA KHARWA PATEL
14911 SMITTER RESERVE DR
TAMPA, FL 33618

SUBJECT: KHARWA PATEL MD OF NC, LLC
Ref. Number: L21000275699

We have received your document for KHARWA PATEL MD OF NC, 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 MUST BE SPECIFIC IN THE NATURE OF YOUR BUSINESS.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 022A00007921