Fax: 7274992716

9/27/23, 9-23 PM

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To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6383

From:

Account Name : DHRUV MANAGEMENT

Account Number : I20170000032 : (813)951-0222 Phone

*Enter the email address for this business entity to be used for future Sannual report mailings. Enter only one email address please.

: (727)499-2716

upatel@dhruvmanagement.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BROOKSVILLE RX LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

532 29 2023

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COVER LETTER

| Section prporations | | | | | | |
|--|---|---|--|--|--|--|
| le Rx LLC | | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| f Amendment and fec(s) are sub | mitted for filing. | | | | | |
| oondence concerning this matter | to the following: | | | | | |
| Hardikkumar Patel | | | | | | |
| | Name of Person | | | | | |
| Brooksville Rx LLC | | | | | | |
| | Firm/Company | | | | | |
| 2812 W Martin Luther Kir | 2812 W Martin Luther King Jr Blvd | | | | | |
| ter for the second seco | Address | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | |
| Tampa, FL 336 0 € | Tampa, FL 336 0℃ | | | | | |
| City/State and Zip Code | | | | | | |
| Lich Wind | DEXPLUSITION NOT | TEMENT. COM | | | | |
| concerning this matter, please c | ail: | | | | | |
| | 813 328-3970 at() | | | | | |
| of Person | Area Code Daytin | ne Telephone Number | | | | |
| the following amount: | | | | | | |
| ☐ \$30.00 Filing Fee & Certificate of Status | S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed | | | | |
| Section | Street Address: Registration Se | | | | | |
| | Name of Lim If Amendment and fee(s) are subsondence concerning this matter Hardikkumar Patel Brooksville Rx LLC 2812 W Martin Luther Kin Tampa, FL 336 07 E-mail address: (concerning this matter, please c of Person the following amount: | Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Hardikkumar Patel Name of Person. Brooksville Rx LLC Firm/Company 2812 W Martin Luther King Jr Blvd Address Tampa, FL 336 07 City/State and Zip Code LCLUSING KAPLUSING NAME E-mail address: (to be used for future on musi report not concerning this matter, please call: 1813 128-3970 at (| | | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

| Brooksville Rx LLC | | | |
|---|--|--|---------------------------------------|
| (Name of the Limited (A | Liability Compa Florida Limited | iny as it now appears on our Liability Company) | records.) |
| he Articles of Organization for this Limited Liab | | were filed on 01/18/2022 | and assigned |
| orida document number L22000033302 | · | | |
| his amendment is submitted to amend the follow | ing: | | |
| . If amending name, enter the new name of th | <u>ne limited liab</u> | nility company here: | |
| he new name must be distinguishable and contain the wore | is "Limited Liabi | ility Company," the designatio | on "LLC" or the abbreviation "L.L.C." |
| Cater new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | | 80 Ponce De Leon Blvd | |
| | | Brooksville, FL 34601 | 6.6 |
| Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | 2812 W Martin Lether ! Tampa, FL 33607 | King Jr Blvd |
| | | | :: \. ! |
| | | *** | |
| . If amending the registered agent and/or reg gent and/or the new registered office address l | <u>here</u> : | | , enter the name of the new regists |
| Name of New Registered Agent: | Hardikkumar Patel 2812 W Martin Luther King Jr Blvd | | |
| New Registered Office Address: | | | |
| | | Enter Florida stree | et address |
| | Tampa | | , Florida 33607 |
| | | 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

To 18506176383 Page 5/6 From Dhruy Management

Fax: 7274992716

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> | Name | Address | Type of Action |
|--------------|-------------|---------------------------|----------------|
| AMBR | Vijay Patel | 6903 CONGRESS STREET | □Add |
| | | NEW PORT RICHEY, FL 34653 | ≣Remove |
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| Note: If the date inserted in this bl | e thate of filling: | us date will not be listed us the |
| the record specifies a delayed effective cord is filed. | ve date, but not an effective time, at 12:01 a.m. on the earlier of: (| b) The 90th day after the |
| Dated | . 2023 | |
| (H) | Clarks Signature of a member or authorized representative of a member | |
| 17 a. d. 1. 1 | · | |
| Hatdikkumar Patel | Typed or printed name of signee | |