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From:

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Account Number : I20170000032

: (813)951-0222

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Email Address: upatel@dhruvmanagement.com

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SEP 23 2023

TO:

COVER LETTER

TO: Registration S Division of Co			
Tampa Ph	armacy 01 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analosed Articles o	f Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	_	
	Hardikkumar Patel		
	· · ·	Name of Person	
	Tampa Pharmacy 01 LLC		
		Firm/Company	
	2812 W Martin Luther Kir	ng Jr Blvd	
		Address	
	Tampa, FL 33607		
		City/State and Zip Code	
	licensing@rxplusmanagem E-mail address: (ent.com to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Hardikkumar Patel		\$13 328-3970	
Name of Person		at (Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassec, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limite</u> (,	d Liability Compa			
	A Florida Limited	iny as it now appears on o Embility Company)	ur records.)	
The Articles of Organization for this Limited Lia Plorida document number L22000033314	bility Company	were filed on 01/18/20	23	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
he new name must be distinguishable and contain the wo	ate 113 incient t labor	Uni Champani Vale desina	alaa saf I (²⁰⁰ aa aha ah ha	distant of t CV
		14306-D North Dale 2		
Enter new principal offices address, if applica		Tampa, FL 33618	viaory resy	26
Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		2812 W Martin Luthe	٠,	
		Tampa, FL 33607		ä
				
B. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	here: Hardikkumar P		s, enter the name o	f the new registe
	Enter Fiorida street address			
	Tampa		, Florida <u>33607</u>	
		City		Zip Code
New Registered Agent's Signature, if changing Ro	egistered Agent:			

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>	Name	Address	Type of Action
AMBR	Vijay Patel	6903 CONGRESS STREET	[]Add
		NEW PORT RICHEY, FL 34653	≣Remove
			Change
		·	□Add
			URemove
			Change
			□Add
			Remove
			Change
		□ Add	
			□Remove
		 	Change
			DAdd
			UChange
			□Add
			□Remove
			Change

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ne record specifies a delayed effected is filed.	tive date, but	not an effectiv	ze time, at 12:	01 a.m. on the e	arlier of: (b)	The 90th day afte	er the
Dated		2023					
			•				
	Waste						
<u> </u>	Ofcet-g Signature	of a member or a	uthorized repre	sentative of a me:	nber		