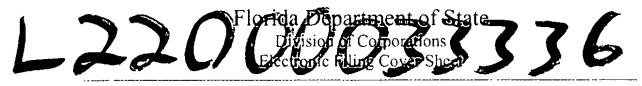
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DHRUV MANAGEMENT

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

Fax Number : (727)499-2716

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

Email Address: upatel@dhruvmanagement.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VILLAGES RX PHARMACY LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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10/17/2023 \$4:41:52 EDT

TO:

Registration Section

To: 18506176383

Page: 3/6

From: Dhruv Management

Fax: 7274992716

COVER LETTER

Division of Cor	porations					
	Pharmacy LLC					
SUBJECT:	Name of Lim	aited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Hardikkumar Patel					
		Name of Person				
	Villages Rx Pharmacy LL	С				
		Firm/Company				
	13733 N US Hwy 441					
		Address				
	Lady Lake, FL 32159					
		City/State and Zip Code				
	licensing@rxplusmanagem					
		to be used for future annual report no	tification)			
For further information of	oncerning this matter, please o	all:				
Hardikkumar Patel		813 328-3970 at ()				
Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for the	ne 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)			
<u>Mailing Addres</u> Registration (Street Address: Registration S	ection			
Division of C	Corporations	Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Villages Rx Pharmacy LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited I Florida document number L22000033336	Liability Company	were filed on 01/18/	72022	and assigned
Florida document number L22000033336 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: [Principal office 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: Hardikkumar Patel New Registered Office Address: 2812 W Martin Luther King Jr Blvd Enter Florida street address				
A. If amending name, enter the new name	of the limited liab	ility company here:	:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbrev	iation "L:L.C."
Enter new principal offices address, if applicable:		13733 N US Hwy 441, Lady Lake, FL 32159		
(Name of the Limited Liability Comparison (A Florida Limited Liability Companison (A Florida Limited Liability Companison Florida document number L22000033336 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Companison (A Limited Liability Companis				
Enter new mailing address, if applicable:		2812 W Martin Luther King Jr Blvd, Tampa, FL 33607		
		address on our reco	ords, enter the name of	the new registered
Name of New Registered Agent:	Hardikkumar P	atel		
New Registered Office Address:	2812 W Martin	Luther King Jr Blvd		
This amendment is submitted to amend the A. If amending name, enter the new name. The new name must be distinguishable and contain to the new principal offices address, if applicable and contain to the new principal office address MUST BE A STRUCTURE A STRUCTURE NAME AND ASSESSED AND ASSESSED ASSESSED AND ASSESSED A				
	Tampa		, Florida 33607	
		City	Ā	Cip Code
		•		
provisions of all statutes relative to the prop accept the obligations of my position as reg	per and complete istered agent as j registered office	performance of my provided for in Cha	v duties, and I am fami apter 605, F.S. Or. if th	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

10/17/2023 14:41 52 EDT

To: 18506176383

Page: 6/6

From: Dhruv 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, New Port Richey, FL 34653	DAdd
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Effective date, if other than the defan effective date is listed, the date must be Note: If the date inserted in this blocklocument's effective date on the Dep	e specific and cam k does not meet	the applicabl	date of filing or mo	(option than 90 days after requirements, this	filing.) Pursuant to 60	05.0207 sted as
record specifies a delayed effective of is filed.	late, but not an e	effective time	, at 12:01 a.m. c	n the earlier of: (b) The 90th day aft	er the
October 2	, <u>2</u> (023				
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