27/2023 22 01:31 EDT	Т	o 18506176383	Page, 2/6	From: Dhruv M	anagement	Fax: 7274992716
Division of Corporations						9/27/23, 9137 PM
4						
	7	Florid	da Department of	State		
	んみ		Division of Corporation			
	-	Ele	ctronic Filing Cover S		• /	
No	ote: Please j	orint this page	and use it as a cover sh	eet. Type the fax	audit number	
	(show	on below) on th	e top and bottom of all pa	ages of the docun	ient.	
				x.		
			(((H23000340770 3)))	)		
					( E   )	
			HERE IN 11 HERE EDIN 14 HI 14 HE 1 H230003407703ABC-			
No	te: DO NO	T hit the REFR	ESH/RELOAD button of	n your browser fro	om this page.	
			will generate another co			
	To:					
		Division o: Fax Number	f Corporations : (850)617-6383		26.	
	From:	Account Nam	ne : DHRUV MANAGEME	NT		
		Account Nur	nber : 120170000032			
		Phone Fax Number	: (813)951-0222 : (727)499-2716		**	
			. ( , ,		• • • •	
**En	ter the er	mail address	for this business ent	city to be used	l for futúre	
	annual r	eport mailing	gs. Enter only one em	ail address pl	ease.** <sup>*</sup>	
	Email Ad	dress: upatel@	dhruvmanagement.com	1		
ې م						
- <u>u</u>						
	and LLC	AMND/RES	TATE/CORRECT O	R M/MG RES	IGN	
		MAN	GO RX PHARMAC	Y LLC		
		Certificate of	Status	0		
		Certified Cop		0		
	1307 1307 1307 1307 1307 1307 1307 1307	Page Count	· · · · · · · · · · · · · · · · · · ·	04		
	5	· · · ·		\$25.00		
		Estimated Ch	alge	525.00		
					3	
					<b>C</b> · · · · ·	
					SEF 2.9.	2023

Page: 3/6

## **COVER LETTER**

TO: Registration Section Division of Corporations

Mango Rx Pharmacy LLC SUBJECT:

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:

Hardikkumar Patel

Name of Person

Mango Rx Pharmacy LLC

Firm/Company

2812 W Martin Luther King Jr Blvd

Address

Tampa, FL 336.07

City/State and Zip Code

licensing@rxplusmanagement.com

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

For further information concerning this matter, please call:

Hardikkumar Patel	813	328-3970
	_ at ()	)
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

Image: Signed status
<td

(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

Mango Rx Pharmacy LLC				
( <u>Name of the Lim</u>	A Florida Limited	any as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited	Liability Company	were filed on 01/18/20	and assigned	
Florida document number 1.22000033349	·			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, <u>enter the new name</u>	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the designat	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli		11509 E Martin Luther King Jr Blvd, Tampa, FL 33550		
(Principal office address MUST BE A STRE				
		2812 W Martin Luthe:	- King Ir Blvd	
Enter new mailing address, if applicable:	3 8040	Tampa, FL 33607		
Mailing address MAY BE A POST OFFICE	<u>( BOX)</u>		<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our record	ls, <u>enter the name of the new reg</u>	
Name of New Registered Agent:	Hardikkuniar P	'atc!		
New Registered Office Address:	2812 W Martin	i Luther King Jr Blvd		
		Enter Florida stre	eet address	
	Tampa		Florida <u>33607</u>	
		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

Page 5/6

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
			🗆 Remove
			Change
			□Add
			🗆 Remove
			Change
			🗆 🖂 🗠
			🖸 Kemove
			Change
			🗋 Add
			ÜRemove
			Chunge
			🖸 Add
			🗆 Remove
			🖸 Change

<b>D</b> .	If amending any other	information, e	nter change(s) here:	(Attach additional	sheets, if necessar,	y.)
------------	-----------------------	----------------	----------------------	--------------------	----------------------	-----

	••••		 
	·····	<u> </u>	 ·
	·····	· · · · · · · · · · · · · · · · · · ·	 
	·		 
······			 
			 <u>-</u> <u>-</u> -
		·······	 
<u></u>			 
···· ·· · · · · · · · · · · · · · · ·			 
<u> </u>			 

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 \_\_\_\_\_ 20

2023

(H)e

ULLE Signature of a member or authorized representative of a member

Hatdikkumar Patel

Typed or printed name of signee