

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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	Fax Number	: (850)617-6383	
From:			
	Account Name	: DHRUV MANAGEMENT	
	Account Number	r : I20170000032	
	Phone	: (813)951-0222	
	Fax Sumber	: (727)499-2716	
	addaaa faa	r this business entity to be used for	£

Email Address: upatel@dhruvmanagement.com



* * E:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAMPA PHARMACY 13 LLC

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			COVER LE	TTE	CR		
	rution Se on of Cor			-		<u>ن</u> م	
	ampa Phar	macy 13 LLC					
SUBJECT: _			nited Liability Com	pany			
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing				
Please return al	correspo	ndence concerning this matter	to the following.				
		Hardikkumar Patel					
			Name of Pe	rson			
		Tampa Pharmacy 13 LLC					
			Firm/Comp	any			
		2812 W Martin Luther Kir	ng Jr Blvd				
			Address				
		Tampa, FL 33607					
		- <u></u>	City/State and Z	ip Code			
		licensing@rxplusmanageme					
Profession 1 fe	:		to be used for futur	e annual	report notific	tation)	
For further info:	mation co	ncorning this matter, please c	ali:				
Hardikkumar Pa			813 at ()	8-3970		
	Name of	Person	Area C	nde	Daytime	Telepho	ne Number
Enclosed is a ch	eck for th	e following amount:					
≡ \$25,00 Fihr	ng Fee	\$30.00 Filing Fee & Certificate of Status	L \$55.00 Fili Certified ((additional e	Сору			\$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. 1	g Address tration S ion of Co 30x 6327 nassee, F	ection orporations 7	F E 7 2	legistr Divisio The Ce 415 N	ddress: ration Sect on of Corp entre of Ta Monroe assee, FL 3	oratio Ilahas Street	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)			
were filed on 01/18/2023	and assigned		
pility company here:			
ility Company," the designation "LLC" or the abi	previation "L.L.C."		
5908 Breckenridge Parkway	~?		
Tanipa, FL 33610			
2812 W Martin Luther King Jr Blvd			
Tampa, FL 33607			
	Tampa, FL 33610 2812 W Martin Luther King Jr Blvd		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> 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			
<u></u>	4	Enter Florida street address		
	Tampa	, Florida ³³⁶⁰⁷		
	Gi	y Zıp 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
AMBR	Vijay Patel	6903 CONGRESS STREET	[] Add
		NEW PORT RICHEY, FL 34653	🖻 Remove
			Change
			🖸 Add
			🖸 Remove
			Change
	<u> </u>		D∧dd
			🛛 Remove
			DChange
			🗆 Add
		-	🗆 Remove
		••••••	Change
			🗆 Add
			🗆 Remove
			Change
			DAdd
		**** <u>*********************************</u>	Change

D,	If amending any other	information, en	ter change(s) here:	(Attach additional she	ets, if necessary.)
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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 ______, 2023

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Signature of a member or authorized representative of a member

Hardikkumar Patel

Typed or printed name of signee