

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.

(((H23000340773 3)))



H230003407733ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : DHRUV MANAGEMENT

Account Number : I20170060032 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.\*\*

ம் திற்கப் Address: <u>upatel@dhruymanagement.com</u>

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MLK RX PHARMACY LLC

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

SIP 28 2003

TO:

Fax: 7274992716

### **COVER LETTER**

	istration Se islon of Cor			
enbuct.		harmacy LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Hardikkumar Patel		
			Name of Person	
		MLK Rx Pharmacy LLC		
			Firm/Company	<del></del>
		2812 W Martin Luther Kir	g Jr Blvd	
			Address	
		Tampa, FI. 33607		
			City/State and Zip Code	
		licensing@rxplusmanageme		
		E-mail address: (	to be used for future annual report no	tification)
For further in	iformation c	oncoming this matter, please c	ail:	
Hardikkumai	r Patel		813 328-3970 at ( )	
	Name o	f Person	at () Area Code Daytir	me Telephone Number
Enclosed is a	check for th	ne following amount:		
≣ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address: Registration Se	ection
		Section Corporations	Registration So Division of Co	
	). Box 632		The Centre of	
Tal	lahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Taliahassee, FL 32303

To 18506176383

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MLK Rx Pharmacy LLC				
(Name of the Limi	ted Liability Compa (A Fiorida Limited)	ny as it now appears on ou Clability Company)	r records.)	
ne Articles of Organization for this Limited Lorida document number L22000033362	iability Company	were filed on 01/18/202	and assign	ed
is amendment is submitted to amend the foll	owing:			
If amending name, enter the new name of	of the limited liab	oility company here:		
e new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	ion "LLC" or the abbreviation "L.L.C	."
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		2812 W Martin Luther	King Jr Blvd	
		Tampa, FL 33607		
		<u></u>		<u></u>
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		2812 W Martin Luther	King Jr Blvd	
		Tampa, FL 33607		
If amending the registered agent and/or ent and/or the new registered office addr	registered office ess here:	address on our records	_	agist
\	<del></del>		_	
Name of New Registered Agent:	Hardikkumar Patel			
New Registered Office Address:	2812 W Martin	n Luther King Jr Blvd		
		Enter Florida str		
	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

## 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	
	·		
			□ Kcinove
		, <u>, , , , , , , , , , , , , , , , , , </u>	□ Change
			□ Remove
			☐ Change
			□∧ċd
			□Remove
			□ Change
	·		DAdd
		<del></del>	□Remove
			DChange
			Dadd
			□Remove
			Change

Tc 18506176383

. If amending any other inform	,	-,		s. y necessary.)	
		<del></del>			
		-	<u> </u>		<del></del>
			<u>.</u>	<del></del>	
<del></del>	<u> </u>	<del>-</del>	<del>_</del>	<del></del>	
			<del></del>		
<u> </u>					
			-		<del></del>
				····	<del></del> _
					·
<u></u>					
	<del></del>				<del></del> ··
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the	applicable statute	ry hing requireme	ents, this date will no	ant to 605.0207 () ot be listed as th
ne record specifies a delayed effectivord is filed.	e date, but not an effec	ctive time, at 12:0	I a.m. on the earli	er of: (b) The 90th	day after the
Dated	2023	·			
	Signature of a member of	, '			· <del></del> <u>-</u>
	Signature of a member of	or authorized repres	entative of a member	r	
Hardikkumar Patel					