Fax: 7274992716

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.

(((H23000340772 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DHRUV MANAGEMENT

Account Number : 120170000032 Phone : (813)951-0222 Fax Number : (727)499-2716

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

Email Address: upatel@dhruvmanagement.com

≝LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MELBOURNE RX PHARMACY LLC

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

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COVER LETTER

TO: Registration S Division of Co				
Melbourne	Rx Pharmacy LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	amitted for filing		
	ondence concerning this matter	-		
	Hardikkumar Patel			
		Name of Person		
	Melbourne Rx Pharmacy l	LLC		
	Firm/Company			
	2812 W Martin Luther Kii	ng Jr Blvd		
		Address		
	Tampa, FL 336 📉			
	•	City/State and Zip Code		
	licensing@rxplusmanagem		<u> </u>	
For further information of	E-mail address: (concerning this matter, please o	to be used for future annual report no all:	ot:lication)	
Hardikkumar Patel		\$13 328-3970 at ()		
Name o	of Person	Area Code Dayii	me Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	LI \$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	
Mailing Addre Registration		Street Address: Registration S	ection	
Division of C	Corporations	Division of Co	orporations	
P.O. Box 633				
	27	The Centre of		

Tallahassee, FL 32303

To 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Melbourne Rx Pharmacy LLC			
(Name of the Limited	Liability Compa Florida Limited I	eny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia	bility Company	were filed on 01/18/2022	and assigned
Florida document number L22000033385	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited Hab	ility company here:	
			۲,
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation "LLC" or the abl	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		401 N Wickham Road Suite W	
		Melbourne, FL 32935	
Enter new mailing address, if applicable: Muiling address MAY BE A POST OFFICE BOX)		2812 W Martin Lather King Jr Blvd	
		Tampa, FL 33607	
3. If amending the registered agent and/or re- agent and/or the new registered office address		address on our records, enter the name	e of the new regist
Name of New Registered Agent:	Hardikkumar Patel		
New Registered Office Address:	2812 W Martin	Luther King Ir Blvd	
		Enter Florida street address	
	Tampa	, Florida ^{33t}	507
		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

/27/2023 22 05:15 EDT

To 13506176383 Page: 5/6

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Vijay Patel	6903 CONGRESS STREET	
		NEW PORT RICHEY, FL 34653	■Remove
			□Change
·· ························			□Add
			□Remove
			□ Change
			□Add
			DRemove
			☐Change
			Remove
			Change
			□Add
			□ Remove
			Change
 -			□Add
			□Remove
			∏Change

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	1, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
			
			
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applical	o date of filing or more than 90 c ble statutory filing requirem	(optional) days after filing.) Pursuant to 605.0207 (ents, this date will not be listed as t
ne record specifies a delayed effect	ve date, but not an effective tin	ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
ord is tiled.			
ord is tiled. Dated	2023	_ •	
NU/27	;;		
Dated 09/22			<u>r</u>