

L22000118069

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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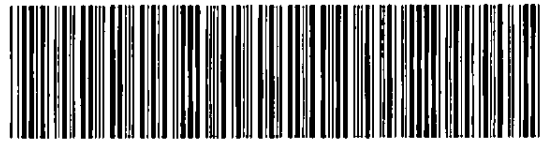
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

1329

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RX PLUS MANAGEMENT LLC

\_\_\_\_\_  
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:

ALPESH PATEL

\_\_\_\_\_  
Name of Person

RX PLUS MANAGEMENT LLC

\_\_\_\_\_  
Firm/Company

2812 W MARTIN LUTHER KING JR BLVD

\_\_\_\_\_  
Address

TAMPA, FL 33607

\_\_\_\_\_  
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:

ALPESH PATEL

813

328-3970

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**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

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TALLAHASSEE, FL

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

RX PLUS MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/08/2022 and assigned  
Florida document number L22000118069.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

2812 W. MARTIN LUTHER KING JR BLVD

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA, FLORIDA 33607

**Enter new mailing address, if applicable:**

2812 W. MARTIN LUTHER KING JR BLVD

**(Mailing address MAY BE A POST OFFICE BOX)**

TAMPA, FLORIDA 33607

**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:

ALPESH PATEL

New Registered Office Address:

2812 W. MARTIN LUTHER KING JR BLVD

*Enter Florida street address*

TAMPA

*City*

Florida 33607

*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**

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TALLAHASSEE, FL

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PATEL, UTKARSH	6903 CONGRESS ST	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL, ALPESH	2812 W. MARTIN LUTHER KING JR BLVD	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 25, 2024

Typed or printed name of signee

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TALLAHASSEE, FL