

L22000 22703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

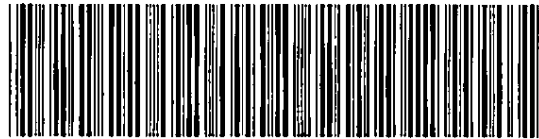
(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED
2022 NOV 15 AM 11:31
CLERK OF SUPERIOR COURT
STATE OF NEW YORK
JESSICA L. GIBSON

2022 NOV 15 AM 11:13

A. BUTLER

NOV 15 2022

Affidavit

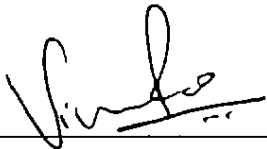
Date: 11/10/2022

To
Dept of State
Division of Corporations
Florida

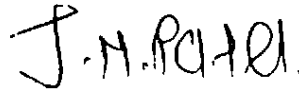
Re: LLC Amendment Form - ECKERDS RX 101 LLC

We, the officers of ECKERDS RX 101 LLC, hereby authorize MR AJAY THAKKAR to present amendment form for our LLC to the Dept of State.

If you have any questions or concerns in this matter, please do not hesitate to reach out to the contact numbers mentioned below.



VIKRAM RAO
Eckerd's Rx 101 LLC



JAGDISHKUMAR PATEL
Eckerd's Rx 101 LLC

Notary Statement:

In the State of Florida, County of Manatee;

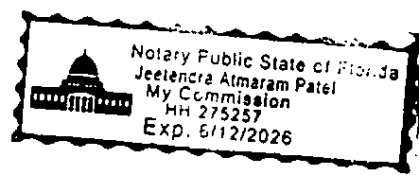
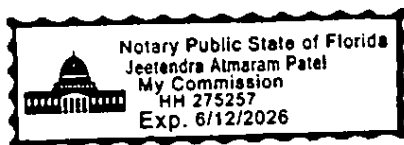
Above mentioned individuals appeared before me on 11/10/22; and were sworn in the statement. The presented FL Drivers License as proof of identification.



Notary Public

Stamp

Name:



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECKERDS RX 101 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:

VIKRAM RAO

Name of Person

ECKERDS RX 101 LLC

Firm/Company

518 S 6TH AVE

Address

WAUCHULA FL 33873

City/State and Zip Code

OFFICE@MYECKERDS.COM

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

For further information concerning this matter, please call:

VIKRAM RAO

941 524 6545
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FILED

2022 NOV 15 AM 11:31

ECKERDS RX 101 LLC

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/16/2022 and assigned
Florida document number L22000227023.

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: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

City

Florida

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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 SEP 7TH 2022

V. m. m.

VIKRAM RAO

Filing Fee: \$25.00