

L22000252604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

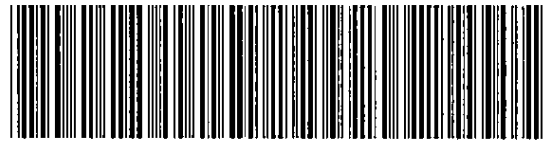
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED  
2022 NOV 15 AM 11:35  
SECRETARY OF STATE  
DEPT. OF REVENUE

09.13.22--0.015 -005 \*\*25.00

A. BUTLER

NOV 15 2022

2022 NOV 15 AM 11:16

**Affidavit**

Date: 11/10/2022

To  
Dept of State  
Division of Corporations  
Florida


Re: LLC Amendment Form - ECKERDS 102 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  
Eckers 102 LLC

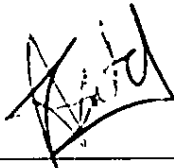


JAGDISHKUMAR PATEL  
Eckers 102 LLC

**Notary Statement:**

In the State of Florida, County of Manatee;

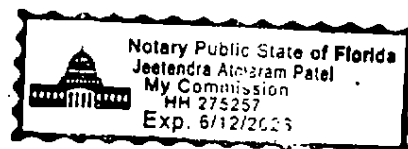
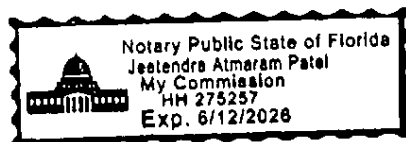
Above mentioned individuals appeared before me on 11/10/22; and were sworn in the statement. The presented FL Drivers License as proof of identification.



Notary Public

Stamp

Name:



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ECKERDS 102 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:

JAGDISHKUMAR M PATEL

Name of Person

ECKERDS 102 LLC

Firm/Company

907 10TH STREET EAST

Address

PALMETTO FL 34221

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:

JAGDISHKUMAR M PATEL

at ( 941 ) 544-6408

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

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

ECKERDS 102 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 2ND JUNE 2022 and assigned  
Florida document number 1.22000252604.

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*

Florida

*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**

[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

J. H. PIERCE.

JAGDISHKUMAR M PATEL

Typed or printed name of signee