

L220000361021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

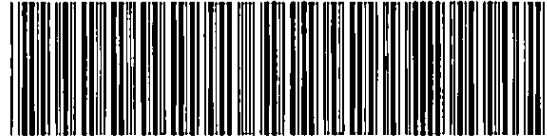
(Document Number)

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J. HORNE  
MAY 10 2023

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 MAY 10 PM 2:41

FILED

05 10 12 0001 010 \*\*25.00



TALLAHASSEE, FLORIDA

2023 MAY 10 PM 2:30

RECEIVED

## COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Poyal & Bhavin Healthcare LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Poyal Patel  
Name of Person

Poyal & Bhavin Healthcare LLC  
Firm/Company

2880 Evergreen Elm Pass  
Address

Wesley Chapel, FL 33543  
City/State and Zip Code

peterpatel909@gmail.com  
E-mail Address (to be used for future annual report notification)

Other information concerning this matter, please call:

Poyal Patel at ( 832 ) 510-7913  
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

FILED

2023 MAY 10 PM 2:42

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Organization for this Limited Liability Company were filed on 8/18/2022 and assigned  
file document number L22000361021

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

A name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

or new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

or new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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*

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is only 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

pending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager

MBR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Patel Bhavin	2880 Evergreen Elm	<input type="checkbox"/> Add
		Wesley Chapel, FL 33543	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MMGR	Patel Bhavinkumar	2880 Evergreen Elm	<input checked="" type="checkbox"/> Add
		Wesley Chapel, FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.

\_\_\_\_\_

MANAGER PARESHBHAI PATIL  
Typed or printed name of signee

**Filing Fee: \$25.00**