

L23000451732

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(City/State/Zip/Phone #)

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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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LLC AMEND

1. CAREPACK PHARMACY LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAREPACK PHARMACY 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:

MICHAEL BELUS

Name of Person

BUSINESS CONTROL SERVICE, INC

Firm/Company

3925 S NOVA RD,

Address

PORT ORANGE, FL - 32127

City/State and Zip Code

MIKE@BUSINESSCONTROLSERVICE.NET

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

For further information concerning this matter, please call:

MICHAEL BELUS

Name of Person

at (386) 760-5454

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CAREPACK PHARMACY LLC

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/29/2023 and assigned
Florida document number L23000451732.

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:

TARAK PATEL

New Registered Office Address:

1039 HARLEY STRICKLAND BLVD, STE 700

Enter Florida street address

ORANGE CITY

City

Florida

32763

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.

Tarak Patel

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HARSH PATEL	2184 TUDOR ROSE DR.	<input type="checkbox"/> Add
		SANFORD, FL-32773	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	HARITA PATEL	8027 PEACEFUL CIR	<input type="checkbox"/> Add
		SANFORD, FL-32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TARAK PATEL	1039 HARLEY STRICKLAND,	<input type="checkbox"/> Add
		STE 700,	<input type="checkbox"/> Remove
		ORANGE CITY, FL-32763	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 OCT 20th, 2023

Torn Page

Signature of a member or authorized representative of a member

TARAK PATEL

Typed or printed name of signee