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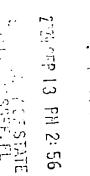
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9/17/24



COVER LETTER

Division of Corporations	
SURVICE MINI PHARMA) L1.C
SUBJECT: Name of Lim	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
MARINATH	Name of Person
	Name of Person
MIV PU	ARMA LLC Firm/Company
>760 DOL	ORES HOME DUEWUE
VAL- RI (0	F 1 33591
h h Y f () ry	1V prayma. (orn) to be used for future annual report notification)
For further information concerning this matter, please ca	
HARINATH GANGATANI Name of Person	at (571) 375 6936 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 & □ \$60.00 Filing Fee, □ □ □ \$60.00 Filing Fee,
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

MLV	PHAR MA	LLC	
(<u>Na</u>)		Company as it now appears on our records.)	

(A I	Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>しえりのの</u> 23 <i>9/</i>	ility Company were filed on MAY 23, 2024 and assigned
This amendment is submitted to amend the following	ing:
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	ADDRESS)
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered and/or the new registered office address have a Name of New Registered Agent: New Registered Office Address:	stered office address on our records, enter the name of the new registered
-	, Florida Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:
provisions of all statutes relative to the proper a accept the obligations of my position as register	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familian with and red agent as provided for in Chapter 605, F.S. Or if this thoument is asserted office address, I hereby confirm that the limited liability ange.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SURYA KANGASMI	2760 DOLGRES HOME AVENUE	⊠ Add
		VALRICO, FL 33594	□Remove
			Change
			🗆 Add
			□Remove
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