## C 24,000001543

(Requesto	or's Name)
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## COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: MOUNT Dara Health Products 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:
Houman Farhoudi
Mount Dom Health Products LLC Firm Company
2357 Tamiami til Building 3 #118
Venice, FL 34293  City/State and Zip Code  Roy O F and F Jesigns. com  E-thail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ray mond Faroadi at (941) 735-9843  Name of Person Area Code Daytime Telephone Number
Enclosed is a cheek for the following amount:
S25.00 Fiting Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ducts LLC
(Name of the Limited Liability Company as it now appears or (A Florida Limited Liability Company)	i ogr revorus.
The Articles of Organization for this Limited Liability Company were filed on 12  Florida document number 124000001543	$\sqrt{22/23}$ and assigned
Florida document number <u>LAY (10 00015 4.5</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Mount Dora venture	us I.L.C
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	7 2
	SE 524
Enter new mailing address, if applicable:	SECTOR
(Mailing address MAY BE A POST OFFICE BOX)	
	1:3- St
B. If amending the registered agent and/or registered office address on our reco	rds, enter the name of the new registered
agent and/or the new registered office address here:	등록 <b>2</b>
	· ·
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florula	street address
	, Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

·· 127.

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 = M $AMBR = A$	unager athorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
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\_ Change

ii amenung an	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if	other than the date of filing:
Note: If the date	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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ive date on the Department of State's records.
he record specifies a ord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	04/12 2024
	Signature of a symber of authorized representative of a member
	Houman Farhoudi Typed or printed name of signee

Filing Fee: \$25.00