## L15000037807

(Re	questor's Name	)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	cument Numbe	r)
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21 SET 10 FH 3: 10

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJEC		Mt. Dora Pharmacy LLC				
SUBJEC	· • · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	• -		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Alpesh Patel				
			Name of Person	<del></del>		
		Mt. Dora Pharmacy LLC				
			Firm/Company			
		5908 Breckenridge Parkway				
		Address				
		Tampa, FL 33610				
		City/State and Zip Code licensing@pharmfoodgroup.com				
		<del></del>	to be used for future annual report notif	ication)		
For furth	er information c	oncerning this matter, please ca	afl:			
Alpesh F	Patel		813 304-2221			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed	is a check for th	ne following amount:				
<b>\$25</b> .	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 Addres		Street Address: Registration Sec	vion		
Registration Section			Division of Cor			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 21 SEP 10 FH 3: 19 OF

Mt. Dora Pharmacy LLC

(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L15000037807	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	461 Plaza Drive	
(Principal office address MUST BE A STREET ADDRESS)	Eustis. FL 32726	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as I being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapter	ies, and I am familiar with and · 605, F.S. Or, if this document is

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 21 SET 10 PH 3: 19 Type of Action Title Name | Address \_\_\_\_\_ 🗀 Add \_\_\_\_ □Change □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Add □Remove \_\_\_\_ Change \_\_\_ □ Add \_\_\_\_ □Add \_\_\_\_\_ □Remove

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Alpesh Patel	Signature of a m	nember or authorized representative of a member
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