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FILED
2022 APR -5 AM 7: 45
SECRETARY OF STATE

O SIMMONS APR 1 9 2022

COVER LETTER

Registration Section -

Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adam Rosoff		
		Name of Person	
	Total Vitality Medical Gro	up, LLC	
		Firm/Company	
	24945 US Hwy 19 North		
		Address	
	Clearwater, FL 33763		
		City/State and Zip Code	
	jrosoff@totalvitalitymedica		
	E-mail address: (to be used for future annual report noti-	fication)
For further information co	oncerning this matter, please c	all:	
Adam Rosoff		727 953-7279 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED ARTICLES OF ORGANIZATION 2022 APR -5 AM 7: 45 **OF**

Total Vitality Medical Group, LLC

SECRETARY OF STATE

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

The Articles of Organization for this Limited Liability Co	ompany were filed on 08/14/2003	and assigned
Florida document number L03000030275	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
	on 1)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	258
	. F	lorida
	Cin	lorida 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.

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>	Name	Address	Type of Action
MGR	Brian G Wolstein	24945 US Highway 19 North	
		Clearwater, FL 33763	■Remove
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ffecti	ve date, if other than the date of filing:
an eff	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ocum recor	d 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 ed.
recor	
recor	ed.
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