# L 12000032229

(F	Requestor's Name)			
(F	Address)			
(A	Address)			
(0	City/State/Zip/Phone #	)		
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(Document Number)				
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SECRETARY OF STATE
SECRET

### **COVER LETTER**

Division of Co	rporations		
SUBJECT:	Vibrant Heal	Ith Associates, LLC	
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
		Rex E Bishop	
		Name of Person	
	Vibrai	nt Health Associates, LLC	
		Firm/Company	
	9	76 Summerfield Drive	
		Address	
	N	Naples, Florida 34120	
		City/State and Zip Code	<del></del>
	E mail addrage (	rexbishop@aol.com to be used for future annual report notific	
Fan Cardhan in Carrandian		·	cation) ~
For further information	concerning this matter, please c	au:	
	Rex Bishop		304-0105
Name	of Person	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:

TO:

**Registration Section** 

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

Vibrant H	<u>lealth Associates, L</u>	LC .	<del></del>
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appe a Limited Liability Company	ars on our records.)	
(*******		,	•
The Articles of Organization for this Limited Liability	Company were filed on	March 06, 2012	and assigned
Florida document number L12000032229	<u></u> .		
		من م	<b>4</b>
This amendment is submitted to amend the following:			C"apthe able viation
A. If amending name, enter the new name of the li	mited liability company h	ere:	强一
<u> </u>	and the same of th	-	19 A 2
The new name must be distinguishable and end with the w	yords "Limited Liability Com	nany " the decimation "I I	C" apply able viation
"L.L.C."	Torus Ellintea Elabinty Colli	pany, the designation Li	e di inciniore di attor
Enter new principal offices address, if applicable:			ret Total
• •			
<u>(Principal office address MUST BE A STREET ADI</u>	<u>ORESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Maning united State Burning united Boxy			
D. Te It do			
B. If amending the registered agent and/or reg- registered agent and/or the new registered office ad	istered office address on Idress hare:	our records, enter th	e name of the new
registered agent and/or the new registered office au	diess here.		
•			
Name of New Registered Agent:			
New Registered Office Address:			
	E	Inter Florida street addre	ess
		, Florida	
<del></del>	City	,	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> Citle</u>	Name	Address	Type of Action
MGRM_	Rex E Bishop	976 Summerfield Drive Naples, Florida 34120	Add ☐ Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
······································	<del></del>		Add Remove
). If amend	ding any other information,	enter change(s) here: (Attach additional sheets, if necessary	<i>)</i>
		· · ·	
Dated	August 23		
	Ely &	Broken	
	Signature	e of a member or authorized representative of a member	
		Rex E Bishop  Typed or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00