

L1200019314

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDTEL ALERT, LLC

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D. BRUCE

DEC 10 2012

EXAMINER

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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MEDTEL ALERT, LLC

(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 Company were filed on 09/18/2012 and assigned
Florida document number L12000119314.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VIVA TRANSITIONS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14361 COMMERCE WAY, STE 102

MIAMI LAKES, FLORIDA 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14361 COMMERCE WAY, STE 102

MIAMI LAKES, FLORIDA 33016

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BERARDO VALDES

New Registered Office Address:

14361 COMMERCE WAY, STE 102

Enter Florida street address

MIAMI LAKES

Florida

33016

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.

x

B. Valdes
If Changing Registered Agent, Signature of New Registered Agent

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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:

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MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VICTOR VALDES MD	8004 NE 154 STREET, STE 166	<input type="checkbox"/> Add
		MIAMI LAKES, FLORIDA 33016	<input checked="" type="checkbox"/> Remove
MGRM	BERARDO VALDES	14361 COMMERCE WAY, STE 102	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FLORIDA 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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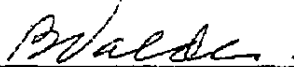
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated

DECEMBER 07 2012

x



Signature of a member or authorized representative of a member

BERARDO VALDES

Typed or printed name of signer

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