# L12000119314

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T. HAMPTON

### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Viva Transitions, 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:

# Berardo A. Valdes

Name of Person

Medtel Alert, LLC.

Firm/Company

1111 Hickory Way

Address

Weston, FL. 33327

City/State and Zip Code

bernie@medtelalert.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Berardo A. Valdes

at (954) 802-8388
Area Code & Daytime Telephone Number

Name of Person

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:**

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

Viva Transitions, LLC.09/18/2012 (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 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: Medtel Alert, LLC. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1111 Hickory Way Enter new principal offices address, if applicable: Weston, FL. 33327 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Berardo A. Valdes Name of New Registered Agent: 1111 Hickory Way New Registered Office Address: Enter Florida street address , Florida <u> </u> 33327 Weston City

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Berardo A. Valdes	1111 Hickory Way	Add
		Weston, FL. 33327	Remove
			Remove
			 ထြော် <sub>Add</sub>
			Remove
<u>.                                    </u>			Ω Add
			Remove
			Add
			Remove
			Add
			Remove

Dated January 18	). If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
Signature of a member or authorized representative of a member	,	
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
	January 18	2013
		Palaeses
	Signatur	e of a member or authorized representative of a member
Berardo A. Valdes	Berardo A. Valdes	

yped or printed name of signe

Page 3 of 3

Filing Fee: \$25.00

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