

L14000 066 594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

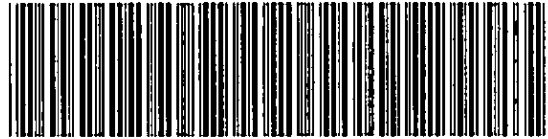
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 NOV 20 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

Y SULKER  
DEC 17 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VH Health Solutions LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABDUL ZAHIR  
Name of Person

VH Health Solutions LLC  
Firm/Company

5282 West Colonial Drive  
Address

Orlando, FL 32808  
City/State and Zip Code

ScriptPlush@a.gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Syed A. Subzwari at (407) 286-2996  
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:**  
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**

VH Health Solutions 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 24 APR 2014 and assigned Florida document number L14000066594

This amendment is submitted to amend the following.

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

The new name must be distinguishable and contain 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)

5282 W. Colonial Dr.

Orlando, FL 32808

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5282 W. Colonial Dr.

Orlando, FL 32808

**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:

Syed A. Subzwari

New Registered Office Address:

5282 W. Colonial Dr. Orlando, FL 32808

Enter Florida street address

Orlando

Florida

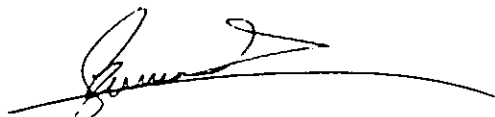
32808

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VAN NGUYEN	6210 West Colonial Dr. #116	<input type="checkbox"/> Add
		Orlando, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HEIDI TRAN	6210 West Colonial Dr. #116	<input type="checkbox"/> Add
		Orlando, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ABDUL ZAHIR	5282 W Colonial Dr.	<input checked="" type="checkbox"/> Add
		Orlando, FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective 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 (3)(b)

Dated 16 Nov 2019 . 2019

Arbini

Signature of a member or authorized representative of a member

ABDUL ZAHIR

Typed or printed name of signee

Abdul Zahir  
109 Holand Rd.  
Lakeville, MA 0347  
508-813-5862  
abdulzahir@aol.com

11/16/2019

To Whom It May Concern:

Please accept this letter as formal notification that I am the new owner of VH Health Solutions LLC (dba: Scripts Plus Pharmacy) on November 16<sup>th</sup>.

Attach to this letter is our contract of the sellers and buyers. If we can be of any assistance during this transition, please let us know.

Sincerely,

A handwritten signature in black ink, appearing to read 'Abdul Zahir', with a stylized, cursive script.

Abdul Zahir

Heidi Tran and Van Thi Nguyen  
5282 West Colonial Dr.  
Orlando, FL 32808  
407-808-5640  
Vhhealthsolutions@gmail.com

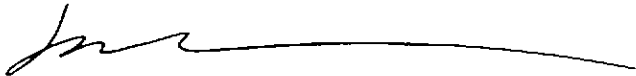
11/16/2019

To Whom It May Concern:

Please accept this letter as formal notification that we are no longer part owner of VH Health Solutions LLC (dba: Scripts Plus Pharmacy) on November 16<sup>th</sup>.

Attach to this letter is our contract of the sellers and buyers. If we can be of any assistance during this transition, please let us know.

Sincerely,

A handwritten signature in black ink, appearing to be 'Heidi', followed by a long horizontal line that tapers off to the right.

Heidi Tran

Van Nguyen