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Division of Corporations

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From:

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Account Name : VITALMD GROUP HOLDING

Account Number : I2009000005 Phone : (305)273-4641 Fax Number : (305)273-0405

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

Email Address:

JENNPEREZ@FEMWELL.COM

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	RAMD GROUP, LLC		
SUBJECT:	Name of	Limited Liability Company	
The enclosed Article	s of Amendment and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mal	tter to the following:	
	JENNIFER PEREZ. ES	SQ.	
	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: JENNIFER PEREZ, ESQ. Name of Person FEMWELL GROUP HEALTH, INC Firm/Company 3225 AVIATION AVENUE, SUITE 700 Address MIAMI, FLORIDA 33133 City/State and / ip Code JENNPEREZ/@FEMWELL/COM E-mail address (to be used for future annual report notification) her information concerning this matter, please call: Name of Person Area Code Daytime felephone Number 222 Aviation of Person Area Code Daytime felephone Number		
	TEMWELL GROUP H	BEALTH, INC	
		Firm/Company	
	3225 AVIATION AVE	ENUE, SUITE 700	
		Address	
	MIAMI, FLORIDA 33	133	~2
	ADMIRAMD GROUP, LLC Name of Lamited Liability Company		
	F-inail addre	ss (to be used for future annual report notification)	
For further informat	ion concerning this matter, pleas	se vall:	8
		Name of Limited Liability Company endment and fee(s) are submitted for filing. nee concerning this matter to the following: JENNIFER PEREZ, ESQ. Name of Person FEMWELL GROUP HEALTH, INC Firm Company J225 AVIATION AVENUE, SUFTE 700 Address MIAMI, FLORIDA 33133 CityNate and 7/p Code E-mail address (to be used for future annual report notification) E-mail address (to be used for future annual report notification) From Area Code Daytime felephone Number J27 Sec. Certificate of Status Certified Copy (sadditoral reg. in enclosed) ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations	
No.	and of Person	Area Code Daytime Telephone Number	: 21
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee S30.00 Filing Fee &	5 Certified Copy Certificate (additional copy) penclosed Certified	e of Status & Copy

		Division of Corporations	

Tullahassee, FL 32301

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COVER LETTER

**	of Corporations		
	IIRAMD GROUP, LLC		
SUBJECT:	Name of I	imited Linbility Company	
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing	
Please return all ce	errespondence concerning this mat	ter to the following:	
	JENNIFER PEREZ, ES	Q.	
		Name of Person	
	FEMWELL GROUP H	EALTH, INC.	
		Firm Company	
	3225 AVIATION AVE	NUE, SUITE 700	
		Address	
	MIAMI, FLORIDA 33	133	2019
	JENNPEREZ@,FEMWI	City/State and Zip Code ELL COM	2019 HAY
	E-mail addre	ss (to be used for future annual report notific	cation) 🚳
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		at()	
	Name of Person	Area Code Daytime	Leiephone Number
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	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIE Registration Section Division of Corpora	ı

P.O. Box 6327 Tallahassee, Fl. 32314

Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ibility Company as it now appears on our e orida Limited Lasbelity Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 11/23/2015	and assigned
Torida document number £15000197675		
This amendment is submitted to amend the following	ç	
. If amending name, enter the new name of the	limited liability company here:	
N/A		
he new name must be distinguishable and contain the words."	Limited Cability Company," the designation	"ULC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N A	
Principal office address MUST BE A STREET AL		
	and the second s	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
 If amending the registered agent and/or registered agent and/or the new registered office. 	egistered office address on our re	;>
registered agent and/or the new registered office	AUDIESS DELL	~
×.	·A	
Name of New Registered Agent:		
New Registered Office Address:		N
	Enter Florada street	address
		. Florida
	Cas	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
l hereby accept the appointment as registered ag	ent and agree to act in this capacit	v. I further agree to comply with the ies, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

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>	Type of Action
AMBR	FEMWELL GROUP HEALTH, INC	3225 AVIATION AVENUE, SUITE 700	□ Add
		MIAMI, FLORIDA 33133	≅ Remove
			D Change
AMBR	FGH INTELLECTUAL PROPERTIES, LLC	3225 AVIATION AVENUE, SUITE 700	■ Add
		MIAMI, FLORIDA 33133	□ Remove
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Effective date, if other than th	e date of filing:	(op	tional)	
(If an effective date is losted, the date in <u>Note:</u> If the date inserted in this be document's effective date on the l	ist be specific and cannot be prior to date of lock does not meet the applicable stati Department of State's records.	filing or more than 90 days are utory filing requirements, t	his date will not be lis	sted as t
the record specifies a delaye	d effective date, but not an ef	fective time, at 12:01	a.m. on the earl	li e r of:
The 90th day after the re	cord is filed.			
Dated MAY 7	2019			
	Signature of a member or authorized rep			
	Signature of a member or authorized rep	resentative of a member		
	EN, REGISTERED AGENT			

Page 3 of 3

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