

1 ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VRILY'S HEALING TOUCH - FOOT CARE SERVICES, 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:

AVRILLE DAVIS

Name of Person

VRILY'S HEALING TOUCH - FOOT CARE SERVICES, LLC

Firm/Company

PO BOX 625

Address

BRONX, NY, 10475

City/State and Zip Code

vrilvrilly@gmail.com

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

For further information concerning this matter, please call:

SAMUEL ROSE

410 459-1762

at ( )

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2019

AVRILLE DAVIS

P.O. BOX 625

BRONX NY, NY 10475

239-699-5879

SUBJECT: VRILY'S HEALING TOUCH - FOOT CARE SERVICES, LLC

Ref. Number: L18000040392

We have received your document for VRILY'S HEALING TOUCH - FOOT CARE SERVICES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 919A00013440

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

VRILY'S HEALING TOUCH - FOOT CARE SERVICES, 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 2/14/2018 and assigned  
Florida document number 118000040392.

This amendment is submitted to amend the following:

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

VRILY'S HEALING TOUCH - FOOT CARE SERVICES, PLLC

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

Name of New Registered Agent:

N/A

New Registered Office Address:

*Enter Florida street address*

Florida

*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><br>N/A | <u>Address</u> | <u>Type of Action</u>           |
|--------------|--------------------|----------------|---------------------------------|
| _____        | _____              | _____          | <input type="checkbox"/> Add    |
|              |                    | _____          | <input type="checkbox"/> Remove |
|              |                    | _____          | <input type="checkbox"/> Change |
| _____        | _____              | _____          | <input type="checkbox"/> Add    |
|              |                    | _____          | <input type="checkbox"/> Remove |
|              |                    | _____          | <input type="checkbox"/> Change |
| _____        | _____              | _____          | <input type="checkbox"/> Add    |
|              |                    | _____          | <input type="checkbox"/> Remove |
|              |                    | _____          | <input type="checkbox"/> Change |
| _____        | _____              | _____          | <input type="checkbox"/> Add    |
|              |                    | _____          | <input type="checkbox"/> Remove |
|              |                    | _____          | <input type="checkbox"/> Change |
| _____        | _____              | _____          | <input type="checkbox"/> Add    |
|              |                    | _____          | <input type="checkbox"/> Remove |
|              |                    | _____          | <input type="checkbox"/> Change |
| _____        | _____              | _____          | <input type="checkbox"/> Add    |
|              |                    | _____          | <input type="checkbox"/> Remove |
|              |                    | _____          | <input type="checkbox"/> Change |

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

The specific business purpose of this professional association is the practice of the APRN as it

relates to the diabetic foot care: So as to prevent and or offset the worsening of complications.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

July 26, 2019

Avrille Davis

Signature of a member or authorized representative of a member

AVRILLE DAVIS

Typed or printed name of signee