## 218000111076

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## **COVER LETTER**

Vital GPI	RIJC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.			
Please return all corres	pondence concerning this matter to the following:			
	Courtney Mogerman			
	Name of Person Vital GPR LLC			
	Firm/Company 1005 Marina Mile #101.			
	Address Fort Lauderdale Lauderdale, FL 33315	SECRE	18 8	т
	City/State and Zip Code info@vitalgpr.com	ASSEE	51	id.
	E-mail address: (to be used for future annual report notification)	F Si	3£	C
For further information Steven Mogerman	concerning this matter, please call:  954 651-7009	ATE	<b>5</b> : 35	
Name	of Person Area Code Daytime Telephone Number	<del></del>		
Englosed is a check for \$25.00 Filing Fee	☐ \$30.00 Filing Fee & \$53 Willing Fee & ☐ \$60.00 Filing Certificate of Status (additional copying enclosed) Certified C	of Status &		

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

Vital GPR LLC						
(Name of the Limited I	Liability Compa Florida Limited	iny as it now appears or Liability Company)	our records.)	<del></del>		
The Articles of Organization for this Limited Liabi Florida document number L18000111076	ility Company	were filed on $\frac{5/2/20}{}$	18	and assi	gned	
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	<u>e limited liab</u>	ility company here:				
NA						
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the desig	nation "LLC" or the abbi	eviation "L.L	.C."	
Enter new principal offices address, if applicable	e:	NA				
(Principal office address MUST BE A STREET A				<b>≥</b> 86.4	<u>x</u>	
				<b>A</b>	2 7	l
				AS:	<del>一</del> 一 塚	
Enter new mailing address, if applicable:		NA		SEE O	ک لی	Ī
(Mailing address MAY BE A POST OFFICE BOX)			<del> </del>	円り	골	)
producting address (MT 191, 11 1 (MT V) T (C), DO	<u> </u>			22	<del>⇔</del> .	
				5	<del>- 100</del>	
B. If amending the registered agent and/or registered agent and/or the new registered office			ır records, <u>enter t</u> l	ne name o	f the ne	<u>: W</u>
Name of New Registered Agent:	NA					
New Registered Office Address:						
rewregistered office / tdatess.		Enter Florida	street address			
_			, Florida			
		City		Zip Code		
New Registered Agent's Signature, if changing Regi	istered Agent:					
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the regi-	ind complete red agent as p	performance of my provided for in Cha	duties, and I am fai pter 605, F.S. Or, if	miliar with this docum	and nent is	e

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
VP	Robert Tabora	9431 EVERGREEN PLACE # 104 DAVIE FL33324	Add
			■ Remove
			☐ Change
		<del></del>	☐ Remove
			☐ Change
			□ Remove
			- September 1
		<del></del>	BOT 15 SECTION
			FIRECONSTRUCTION FIRECONSTRUCTION OF STATES OF
			☐ Remove
			Change
		<del></del>	Add
			□ Remove
			Character to

' Remove Robert Tabo	nformation, enter change(s) here: (Attach additional sheets, if necessary.) ora from Vital GPR LLC.	
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. Effective date, if other tl	han the date of filing: (optional)	in Coortes and
Note: If the date inserted i	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 in this block does not meet the applicable statutory filing requirements, this date will not be list on the Department of State's records.	
the record specifies a copy.  The 90th day after t	delayed effective date, but not an effective time, at 12:01 a.m. on the earl the record is filed.	ier of:
October 5th Dated	2018	
Sm	Signature of a member of authorized representative of a member	presiden
Steve	Masorman / Courtney Mogerma	$\wedge$

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Filing Fee: \$25.00