

# LIB000237328

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

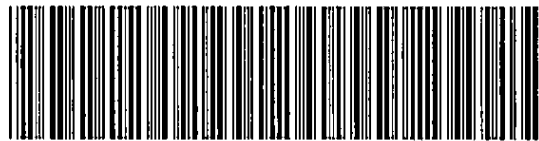
\_\_\_\_\_  
(Document Number)

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FILED  
2019 JAN 23 PM 12:01  
TALLAHASSEE, FL

2019  
B. HATHA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2019

BARBARA MAGNANO  
C/O 2 HARTSWOOD DR  
HAVERHILL, MA 01830

SUBJECT: VITALITY REGENERATIVE MEDICINE, LLC  
Ref. Number: L18000232328

It has been brought to the attention of this office that VITALITY REGENERATIVE MEDICINE, LLC, is not located at 1519 MLK JR. STREET NORTH ST PETERSBURG, FL 33704, as listed on the records of the Florida Department of State, Division of Corporations.

Therefore, the purpose of this notice is to: 1.) notify the owner of the Corporation of the incorrect data; and 2.) notify the owner that it is a third degree felony to knowingly and willingly falsify or conceal a material fact or make any false, fictitious, or fraudulent statement in any matter within the jurisdiction of the Florida Department of State. Therefore, the information must be corrected on our records by filing the enclosed form and paying the appropriate fee. This filing will prevent any further action by this office. We can change the Principal, Mailing, & officer/director addresses at no charge.

To change your Registered Agent and/or Registered Office, please complete and submit the enclosed form along with the application filing fee.

This business entity will be dissolved/revoked on or after March 8, 2019 unless an address change that complies with Florida Statutes is sent to my attention at the address below.

Please reply to this letter and provide me with the correct address so that I may correct our records accordingly or contact me by phone at (850) 245-6900.

Sincerely,  
Kimberly S. Prather  
Division of Corporations

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VITALITY REGENERATIVE MEDICINE  
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:

BARBARA MAGNANO  
Name of Person

VITALITY REGENERATIVE MEDICINE  
Firm/Company

2515 ALEXANDER PLAZE #3205  
Address

CLEARWATER, FL 33763  
City/State and Zip Code

DRDAVERM@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID MAGNANO at (727) 580-7290  
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)

ATTACHED LETTER  
STATES  
CMA BE-  
AT NO  
CHANGE

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

2010 JUN 2

PM 12:47

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

VITALITY REGENERATIVE MEDICINE, 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 10/1/2018 and amended

Florida document number L18000232328

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)

2515 ALEXANDER PLAZE  
#3205  
CLEARWATER, FL 33763

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2515 ALEXANDER PLAZE  
#3205  
CLEARWATER, FL 33763

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:

BARBARA MAGNANO

New Registered Office Address:

2515 ALEXANDER PLAZE #3205

Enter Florida street address

CLEARWATER Florida 33763

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<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.)*

**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

1-10-19 2019

Barbara Newman

Signature of a member or authorized representative of a member

BARBARA MAGNUMO

Typed or printed name of signee

2019 JAN 23 PM 12:01  
TALLAHASSEE, FL

