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((H19000160949 3)))



H190001609493ABCE

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CHARM CONSULTING
Account Number : I20120000084
Phone : (754)234-3393
Fax Number : (954)302-1525

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MARTIN MARTINEZ

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

Email Address: Cmatilde@totalcorpconsultants.com

10:00 AM 05/16/2019

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VIVAHEALTHIER LLC

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MAY 17 2019

COVER LETTER

H19000160949 3

TO: Registration Section
Division of Corporations

SUBJECT: VIVAHEALTHIER 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:

CARMEN MATILDE HERNANDEZ

Name of Person

TOTALCORPBUSINESS CONSULTANTS CORP

Firm/Company

1825 MAIN ST

Address

WESTON FL 33326

City/State and Zip Code

carmilde@totalcorpconsultants.com

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

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For further information concerning this matter, please call:

Carmen Matilde Hernandez

954

624-2554

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

H19000160949 3

ARTICLES OF AMENDMENT (H19000160949 3) TO ARTICLES OF ORGANIZATION OF

VIVAHEALTHIER 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 03/07/2019 and assigned
Florida document number L19000065608

This amendment is submitted to amend the following:

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

N/A

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**)

2061 NW 112 AVE #141

SWEETWATER, FL 33172

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2061 NW 112 AVE #141

SWEETWATER, FL 33172

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:

TOTALCORP BUSINESS CONSULTANTS CORP

New Registered Office Address:

1825 MAIN ST

Enter Florida street address

WESTON

City

Florida 33326

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

Title	Name	Address	Type of Action
AMBR	CREDENTE CRINCOLI	2061 NW 112 AVE #141	<input checked="" type="checkbox"/> Add
		SWEETWATER, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VICTORIA V CRINCOLI	7468 NW 103 CT	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUSTAVO E BLANCO SR	10229 NW 71 TER	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Dated MAY 16 2019

2019

Signature of member or authorized representative of a member

VICTORIA V CRINCOLI / CREDENTE CRINCOLI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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