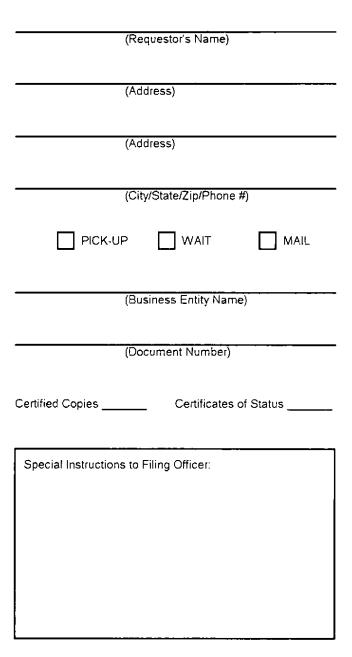
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Office Use Only



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# **COVER LETTER**

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	tegistration Se vivision of Cor				
cup IE C		vitality, LLC			
SUBJECT	1:	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please ren	ırn all correspo	ndence concerning this matter	to the following:	·	
		Carla M. Gutierrez		• ,	
			Name of Person		
		L'Vinci Biovitality, LLC		·	
			Firm/Company	<del></del>	
		2750 SW 145th Ave, Suite	101	•	
		<del>**</del> ·	Address		
		Miramar, FL 33027			
			City/State and Zip Code	<del></del>	
		admin@hip-llc.com			
p			to be used for future annual report no	tification)	
For furthe	r information c	oncerning this matter, please c	ан:		
Carla M.	Gutierrez		786 3602695		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed	is a check for th	ne following amount:		•	
<b>■ \$2</b> 5.0	0 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		Street Address:	ection	
	Registration Solvision of C		Registration Section Division of Corporations		
F	P.O. Box 632	27	The Centre of	Tallahassee	
٦	Γallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L'Vinci Biovitality, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	nv as it now appears on our records liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 10/11/2019	and assigned
lorida document number L19000256987		
his amendment is submitted to amend the following:	•	
If amending name, enter the new name of the limited liabi	ility company here:	
.'Vinci, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		224
	,	E E
inter new mailing address, if applicable:		$\overline{\omega}$ $\overline{\omega}$
Mailing address MAY BE A POST OFFICE BOX)		Z z m
	·	<u> </u>
		20 ·
3. If amending the registered agent and/or registered office a	iddress on our records, <u>enter t</u>	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	F - F - 1	
	Enter Florida street address	
		rida Zip Code
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

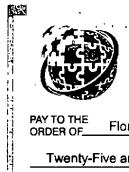
MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			◆ □ Change
		<del></del>	
			Remove
		<u> </u>	□Change
			□Add
			□Remove
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ote: If the date inser	er than the date of filing:  d, the date must be specific and of ted in this block does not me tate on the Department of Sta	eet the applicable statuto	(optional) ing or more than 90 days after filing.) I bry filing requirements, this date w	oursuant to 605.0207 Till not be listed as
cument s effective d				
record specifies a dela	ayed effective date, but not a	in effective time, at 12:0	I a.m. on the earlier of: (b) The	90th day after the
record specifies a dela is filed.	774 B	2024	·	90th day after the
record specifies a dela I is filed.	774 B		·	90th day after the

Filing Fee: \$25.00

1022



### **GUTIERREZ MORALES-PEREZ & ASSOCIATES**

2750 SW 145TH AVE STE 101 MIRAMAR, FL 33027-4238

PNC BANK

63-8419/2670

2/6/2024

PAY TO THE ORDER OF

Florida Department of State

\*\*25.00

Florida Department of State

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and the control of th

**MEMO** 

L'Vinci, LLC amendment

#00001022# #267084199# 1251104829#

## **GUTIERREZ MORALES-PEREZ & ASSOCIATES**

1022

Florida Department of State

2/6/2024

L'Vinci, LLC amendment change name

25.00

PNC Bank - 4829

L'Vinci, LLC amendment

25.00