

L20 000 106 273 VUA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

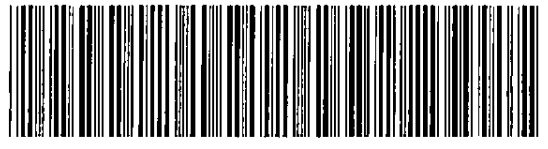
(Business Entity Name)

(Document Number)

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2024 SEP 12 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VITA HEALTH SERVICES, PLLC

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:

Arturo Trafny

Name of Person

The Health Law Partners, PC

Firm/Company

32000 Northwestern Hwy, #240

Address

Farmington Hills, MI 481334

City/State and Zip Code

atrafny@thehlp.com

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

For further information concerning this matter, please call:

Arturo Trafny

248

996-8510

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

VITA HEALTH SERVICES, PLLC

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

[illegible]

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

Article III is amended to state as follows:

VITA HEALTH SERVICES, PLLC SHALL ENGAGE IN THE PRACTICE OF MEDICINE/PSYCHIATRY
AND SHALL PROVIDE MEDICAL SERVICES. OWNERSHIP INTERESTS ARE SUBJECT TO CERTAIN
GOVERNANCE CONTRACTS AND TRANSFER RESTRICTIONS.

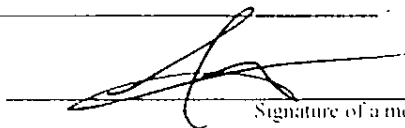
E. Effective date, if other than the date of filing: _____ (optional)

(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 September 9, 2024



Signature of a member or authorized representative of a member

Arturo Trafny

Typed or printed name of signee