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(Re	equestor's Name)	
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	ty/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nam	e)
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETATIVE SECRET

COVER LETTER

	Registration Sc Division of Cor			
el:b 167		ALTH SERVICES, PLLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence 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 4813	134	
			City/State and Zip Code	
		atrafny@thehlp.com		
Con Comba	!		to be used for future annual report no	lification)
		oncerning this matter, please ca		
Arturo Ti	-		248 996-8510 at () Area Code Dayth	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy Galdmonal copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ī	Mailing Addres Registration S	Section	Street Address: Registration So	
	Division of C 2.O. Box 632		Division of Co The Centre of	
	Fallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITA HEALTH SERVICES, PLLC		
(Name of the Limited Liability Compar (A Florida Limited I.	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 17, 2020	and assigned
Florida document number 1.20000106273		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company "the decimation "LLC" ar	the abbraviation "L. L. C."
	ty company, the designation flue, or	the abbreviation Throw .
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		12 I
		SSS P
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		38
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new register
None (Non De Carrella e en		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and i	am familiar with and

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = N $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			[]Remove
			ClChange
			🗆 Add
			□Remove
			□Change
		 ·	🗀 Add
			□Remove
			ElChange
			□Add
			□Remove
			[]Change
			
			☐Remove
			ClChange
			🗀 Add
			TRemove

_____ ClChange

VITA HEALTH SERVICES,	, PLLC SHALL ENGAGE IN THE PRACTICE OF MEDICINE/PSYCHIATRY
AND SHALL PROVIDE ME	EDICAL SERVICES, OWNERSHIP INTERESTS ARE SUBJECT TO CERTAIN
GOVERNANCE CONTRACT	TS AND TRANSFER RESTRICTIONS.
<u> </u>	
_	
etive date, if other than the offective date is listed, the date must in the date inserted in this blooment's effective date on the Department.	it be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 ock does not meet the applicable statutory filing requirements, this date will not be lis
ord specifies a delayed effective filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day att
September 9	2024
A	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00