Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007

: (786)845-8854

Fax Number

: (321)473-3052

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

Address:								
	Address:							

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MWD SERVICES LLC

 Certificate of Status
 0

 Certified Copy
 0

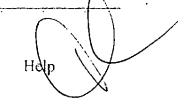
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 Estimated Charge
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Electronic Filing Menu

Corporate Filing Menu



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## **COVER LETTER**

TO: Registration Se Division of Cor			
	ERVICES LLC		
SUBJECT:	Name of Lin	ited Liability Company	<del></del>
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	Amendment and fee(s) are sub	•	
Please return all correspo	ondence concerning this matter	to the following:	·
	JESSICA TORRES		
		Name of Person	2022
	TAX CARE CELEBRAT	ION	77 P
	·	P 1	
	1400 NW 107TH AVE ST	(J) (575)	
	·	Address	SE 44 9: 48
	SWEETWATER FL 33172		
		City/State and Zip Code	
	JESSICA.TORRES@TAX		
		to be used for future annual report notification)	
For further information of	oncerning this matter, please c	ail:	
JESSICA TORRES		786 845-8854 at ()	
Name o	f Person	Area Code Daytime Telepho	one Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &  Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addré</u> Registration		Street Address: Registration Section	<u>24 - 16 A - 18</u> For
Division of C	Corporations	Division of Corporation	ons Programme
P.O. Box 632 Tallahassee,		The Centre of Tallahas 2415 N. Monroe Stree	
i ananassee,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MWD SERVICES 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 11/05/2020 and assigned Florida document number \_\_\_\_\_\_L20000340685 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VIVRA MANAGEMENT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: TAX CARE CELEBRATION Name of New Registered Agent: 1400 NW 107TH AVE STE 203 New Registered Office Address: Enter Florida street address , Florida 33172
Zip Code **SWEETWATER** 

New Registered Agent's Signature, if changing Registered Agent:

ميامينو

Gabriel Hatem
If Changing Registered Agent, Signature of New Registered Agent

Nev 3

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			
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)			
is filed.		er. lad i	
SEPTEMBER 19 $\frac{\sqrt{\pi n c_s}}{\sqrt{r_{solit}} \sqrt{r_{solit}}} = \frac{2022}{n c_s} \frac{\overline{n c_s}}{\sqrt{r_{solit}}}$		Date	
$a \cdot b \cdot b \cdot d \cdot d$			
Gaores gratem		_	
Signature of a mymber or authorized representative of a member			

Filing Fee: \$25.00