

L21000032151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

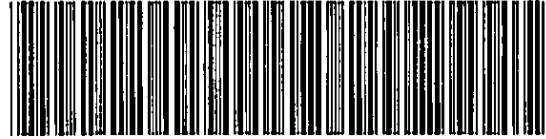
(Business Entity Name)

(Document Number)

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17 JUL 2021 10:10 AM

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2021 JUL -9 PM 7:10  
FALL ARIZONA

D BRUCE  
AUG 03 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VITAL RENEW HEALTH AND WELLNESS 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:

LILIYA HERETSUN ROUSSONICOLOS

Name of Person

VITAL RENEW HEALTH AND WELLNESS LLC

Firm/Company

354 WEST FAIRBANKS AVE

Address

WINTER PARK, FL 32789

City/State and Zip Code

Angela.Vincenzi@yahoo.com

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

For further information concerning this matter, please call:

ANGELA VINCENZI

954 829-0900  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2021 JUL -9 PM 7:10  
TALLAHASSEE, FL  
FBI

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

VITAL RENEW HEALTH AND WELLNESS 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 01/14/2021 and assigned  
Florida document number L21000032151.

This amendment is submitted to amend the following:

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

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)**

C/O REVIVE IV THERAPY

354 WEST FAIRBANKS AVE

WINTER PARK, FL 32789

**Enter new mailing address, if applicable:**

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

ANGELA VINCENZI

20 SW 13TH STREET

DEERFIELD BEACH, FL 33441

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMBR	LILIYA HETERISUN ROUSSONICOLOS	2565 SW IMPORT DR	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2021 JUL -9 PM 7:10  
FALLMONT, N.C.

2020 JUL -9 PM 7:10  
TALLMONT, TEXAS

(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)

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 July 2nd, 2021.

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ANGELA VINCENZI, MGR

Typed or printed name of signee

**Filing Fee: \$25.00**