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.

(((H24000183780 3)))



H240001837803ARC0

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address:
----------------

RECEIVED

184 HEY 22 PH 4: 22

195 MISSENT OF STREET OF TAIL O

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIDA HOME HEALTH SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAI 43 2024

## Articles of Amendment to LLC Articles of Organization of

VIDA HOME HEALTH SERVICES LLC The Articles of Organization for this Limited Liability Company were filed on <u>86-199</u>0406 and assigned Florida document number L21000038256 This amendment is submitted to amend the following: remove Maikel Rodriguez completely from company and from Registered Agent and mngr add Barbara Pena Rodriguez as Registered Agent These articles of amendment were adopted on \_\_\_ 05/22/2024 Dated Signature of a momber or authorized representative of a member Maikel Rodriguez Typed or printed name of signee New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Fam familiar with and accept the obligations of the

Registered Agent, if changing

Signature of Vev