

121 000 365585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

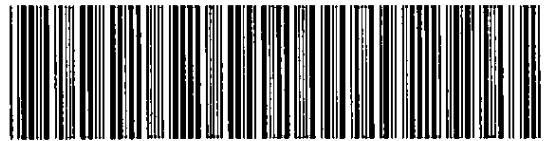
(Business Entity Name)

(Document Number)

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2021 SEP 13 AM 7:30  
TALLAHASSEE, FL

D PRUCE  
SEP 22 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VAYS MEDICAL 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:

Jason E. Rosen

Name of Person

JER Law Firm, P.A.

Firm/Company

3620 Pelham Road, PMB #117

Address

Greenville, SC 29615

City/State and Zip Code

JRosen@jerlawfirm.com

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

For further information concerning this matter, please call:

Jason Rosen, Esq.

at ( 864 )

469-6835

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

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**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>                   |
|--------------|---------------------|------------------|---|
| V            | Carmen Rosa Alvarez | 1 ALHAMBRA PLAZA | <input checked="" type="checkbox"/> Add |
|              |                     | PH FLOOR         | <input type="checkbox"/> Remove         |
|              |                     | MIAMI, FL 33134  | <input type="checkbox"/> Change         |
|              |                     |                  | <input type="checkbox"/> Add            |
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202 SEP 13 AM 7:31  
SEBASTIAN, VA  
TALLAHASSEE, FL

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(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 September 9, 2021

  
Signature of a member or authorized representative of a member

Jason E. Rosen, Esq. (attorney-in-fact)

Typed or printed name of signee

**Filing Fee: \$25.00**