L21000421794

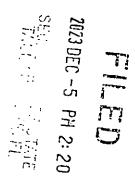
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer Recaved accument Through email 12/5/2023
1 Thousand There
Anissa Butler





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COVER LETTER

	tion Section of Corporations	
SUBJECT:	Emsa Healthcare services Name of Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.	
lease return all c	orrespondence concerning this matter to the following:	
	Emmanuela Pierre-Charles	
	Name of Person	
	Emsa Healthcare services Firm/Company	
	10615 Liberty Bell Drive	
	Address	
	Tampa, FI 33647	
	City/State and Zip Code emmanuelapc@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
or further inform	nation concerning this matter, please call:	
Emm	Name of Person at (813) 494-2621 Name of Person Area Code Daytime Telephone Number	
Enclosed is a che	ck for the following amount:	
□ \$25.00 Filing	Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	

Malling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 DEC -5 PH 2: 20

	14	<u> </u>	
(Name of the Limited Liability Compan- (A Florida Limited Li	y as it now appea ability Company)	rs on our records.	2000年
The Articles of Organization for this Limited Liability Company we Florida document numberL21000421794	vere filed on _	09/24/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil Vie Wellness Center LLC	ity company b	ere:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	9720 N Armenia Ave suite G Tampa Fl 33612		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9720 N A	rmenia Ave suite (3 Tampa FI 33612
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our	records, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Flo	orida 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

Title	Name	Address	Type of Action
			□Add
			□ Remove
			Change
			□ Add
			Remove
			□ Add
· · · · · · · · · · · · · · · · · · ·			□ Remove
			Change
Emmanue	la		□Add
			□ Remove
			Change
<u>_</u>			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
··
E. Effective date, if other than the date of filing: (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 flied.
Dated 9/27/2023
Emmanuela Pierre-Charles Typed or printed name of signee

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Filing Fee: \$25.00