

N21 000 444108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

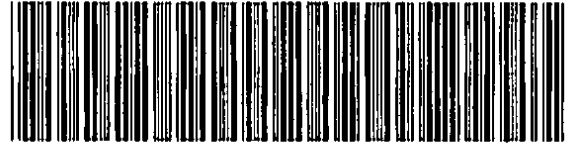
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A. RIVERS

DEC 21 2021



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2021 DEC 21 PM 5:24  
SEC. OF STATE

11/22/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2021

WADE WEINERT  
2300 S. DIXIE HWY  
UNIT 201  
MIAMI, FL 33133

SUBJECT: VORTAPP LLC  
Ref. Number: L21000444108

We have received your document for VORTAPP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 821A00029607

# COVER LETTER

Attn: Alecia  
Rivers

TO: Registration Section  
Division of Corporations

SUBJECT: 2021 Filing Vortapp 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:

Wade Weinert  
Name of Person

Vortapp LLC  
Firm/Company

2300 S Dixie Hwy Unit 201  
Address

Miami FL 33133  
City/State and Zip Code

vortapp.usa@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Wade Weinert at ( 405 ) 876 2979  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee *already sent check* ☒ \$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

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

\_\_\_\_\_  
(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 10/11/2021 and assigned Florida document number L21000444108

This amendment is submitted to amend the following:

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

Vortap LLC

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)

2300 S Dixie Hwy Unit  
Miami FL 33133 2

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:

Name of New Registered Agent:

Val Henao

New Registered Office Address:

7410 West Dr Apt 310

Enter Florida street address

North Bay Village Florida

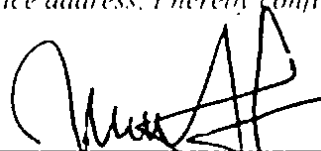
City

Zip Code

33541

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

**Type of Action**

Authorized  
Person  
(AP)

Mario Melton

1443 SW 23rd St ☐ Add

Coal Gables FL 33145 ☒ Remove

☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers in the United States.

2. **Methodology:** A cross-sectional survey was conducted using a validated questionnaire to assess the mental health status of healthcare workers. The survey was distributed online and received responses from 1,200 healthcare workers across various medical facilities.

3. **Results:** The study found that a significant proportion of healthcare workers reported symptoms of anxiety, depression, and stress. The prevalence of these symptoms was higher among those who had direct contact with COVID-19 patients compared to those who did not.

4. **Conclusion:** The findings suggest that the COVID-19 pandemic has had a profound impact on the mental health of healthcare workers. Further research is needed to explore the long-term effects and to develop interventions to support their mental well-being.

(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)

Dated 12/14/2021.

Wade Weinst

**Filing Fee: \$25.00**