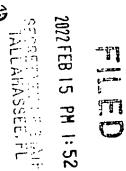
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(Requestor's Name)
(Address)
(Address)
(City/State/Z _{ip} /Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

то:	Registration Se Division of Cor				
A	an.		LTH AGENCY OF FL. INC.		
SUBJE	СТ:	Name of Lim	ited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	return all correspo	ndence concerning this matter	to the following:		
			ARTHUR STEINBERG		
			Name of Person		
			LICENSEPRO, LLC.		
			Firm/Company		
		2	51 E 5TH STREET, UNIT 1		
		•	Address		
			BROOKLYN, NY 11218		
			City/State and Zip Code		
			MRAM@LICENSEPROUS		
			to be used for future annual repor	rt notification)	
For furt	ther information c	oncerning this matter, please co	ill:		
LUIZA	AMRAM		917 at ()	544-6300	
	Name o	f Person	Area Code D	aytime Telephone Number	
Enclose	rd is a check for th	ne following amount:			
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration 5		<u>Street Addre</u> Registratio		
	Division of C	orporations	Division of	Corporations	
	P.O. Box 632 Tallahassee, I			of Tallahassee onroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marke 5 A 152

VITALITY HOME HEALTH AGENCY OF FL. INC.

(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 Com	pany were filed on	January 26, 2022	and assigned
Florida document number				
This amendment is submitted				
A. If amending name, ente	r the new name of the limited	l liability company he	re:	
VITALITY HOME HEALTH				
The new name must be distinguish	able and contain the words "Limited	Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices	address, if applicable:			
(Principal office address MU	JST BE A STREET ADDRES	<u> </u>		
			<u></u> -	
Enter new mailing address.	, if applicable:			
(Mailing address MAY BE 2				
3	<u> </u>			
B. If amending the register agent and/or the new regist		ffice address on our r	ecords, <u>enter the</u> nam	e of the new registered
Non-Darken of OC	Tara Addinana			
New Registered Of	nce Address.	Emer Flor	ida street address	
			Florida	
	-	City		Zıp Code
New Registered Agent's Sign	ature, if changing Registered A	gent:		
provisions of all statutes re accept the obligations of m	tment as registered agent and lative to the proper and comy position as registered agent a change in the registered in writing of this change.	plete performance of it as provided for in C	my duties, and Lam f Thapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			bb∧□
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
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					SET SET
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Effective date	e, if other than the date of e is listed, the date must be speci	filing:		(optional)	A Programme to 605-070
Note: If the da	ite inserted in this block does	anot meet the applica	ble statutory filing re	equirements, this date	will not be listed a
document s em	ective date on the Departme	nt of State's records.			
e record specificate is filed.	es a delayed effective date, b	ut not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
Dated	February 15	2022	_ ·		
		Natalua	Chornaya	a member	

Filing Fee: \$25.00