## LZZ000130994

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## **COVER LETTER**

TO:

TO: Registration of Division of	on Section f Corporations		
	CRNA LLC	•	* * *
SUBJECT:	Name of I	imited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Artick	es of Amendment and fee(s) are s	submitted for filing.	
Please return all cor	respondence concerning this matt	ter to the following:	
	Virginia Signorelli		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	VMS CRNA LLC		
		Firm/Company	2022 T/
	1433 Olympic Club Blv	rd	in the second se
		Address	-6 F
	Champions Gate, FL 33	896	(n e) -
		City/State and Zip Code	AH 19: 56
	virgsign@gmail.com		
		s: (to be used for future annual report notific	cation)
For further informat	ion concerning this matter, please	e call:	
Virginia Signorelli		585 662-9722	
Na	ame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ac</u> Registrat	<u>Idress:</u> ion Section	Street Address: Registration Sect	ion
_	of Corporations	Division of Corp	
P.O. Box	6327	The Centre of Ta	llahassee
Tallahass	ee, FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VMS CRNA LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our recorded Liability Company)	5.)
he Articles of Organization for this Limited Liability Compa- lorida document number L22000130994	ny were filed on	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC	
Enter new principal offices address, if applicable:		2022 SEC
Principal office address MUST BE A STREET ADDRESS)	-	Fig. And -6
		3 do 1
inter new mailing address, if applicable:		AH IO 56
Mailing address MAY BE A POST OFFICE BOX)		5€ <b>5</b>
. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	ſ
		or <del>i</del> da
	City	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 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>	Type of Action
MGR Owner	Virginia Signorelli	1433 Olympic Club Blvd, Champions Gate, FL 33896	_ <b>≣</b> Add
			_ □Remove
			_ □Change
AMBR	Dave Signorelli	1433 Olympic Club Blvd, Champions Gate, FL 33896	_ <b>≣</b> Add
		<del> </del>	_ □Remove
			_ Change
AMBR	Brittany Singer	5664 Martz Rd, Farmington, NY 14425	_ <b>≣</b> Add
			_ □Remove
			_ Change
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		06/19/2	2022				
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June 19th		2022					
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Typed or printed name of signee