

122000130994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

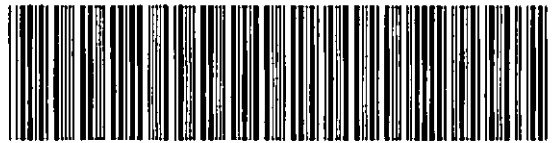
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. J.



500390460865

— — — — —

2022 JUL -6 AM 10:56

GOVERNMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

VMS CRNA LLC

SUBJECT: _____
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:

Virginia Signorelli

Name of Person

VMS CRNA LLC

Firm/Company

1433 Olympic Club Blvd

Address

Champions Gate, FL 33896

City/State and Zip Code

virgsign@gmail.com

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

2022 JUL -6 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FL 32303

FILED

For further information concerning this matter, please call:

Virginia Signorelli

585

662-9722

at (_____) _____

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

VMS CRNA LLC

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>
MGR <u>owner</u>	<u>Virginia Signorelli</u>	<u>1433 Olympic Club Blvd, Champions Gate, FL 33896</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<u>Dave Signorelli</u>	<u>1433 Olympic Club Blvd, Champions Gate, FL 33896</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<u>Brittany Singer</u>	<u>5664 Martz Rd, Farmington, NY 14425</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2022 JUL 14 AM 9:56
SECRETARY OF STATE
STATE OF FLORIDA

2022 JUL -6 AM 10:56
SECRETARY OF STATE
TALLINN ESTONIA


2022 JUL -6 AM 10:56
SECRETARY OF STATE
TAL

1
2
3
4
5

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated June 19th 2022


Signature of a member or authorized representative of a member

Virginia Signorelli

Typed or printed name of signee