

h22000150094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

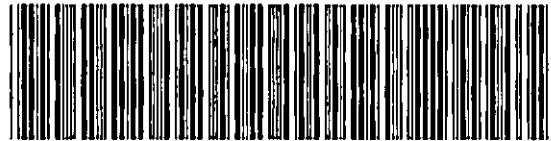
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VO Health Partners, 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:

Lori R Dennis

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10572 SE 74th Terrace

\_\_\_\_\_  
Address

Belleview, FL 34420

\_\_\_\_\_  
City/State and Zip Code

Lorid@thedennisgroup.net

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

For further information concerning this matter, please call:

Lori R Dennis

at ( 352 )

502-2156

\_\_\_\_\_  
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

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9

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

**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          | John M Oller    | 17572 Tedler Circle  | <input type="checkbox"/> Add               |
|              |                 | Round Hill, VA 20141 | <input checked="" type="checkbox"/> Remove |
|              |                 |                      | <input type="checkbox"/> Change            |
| MGR          | Olivia E Fuller | 2006 NE 3rd Street   | <input checked="" type="checkbox"/> Add    |
|              |                 | Ocala, FL 34470      | <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            |
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|              |                 |                      | <input type="checkbox"/> Remove            |
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|              |                 |                      | <input type="checkbox"/> Remove            |
|              |                 |                      | <input type="checkbox"/> Change            |

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TALLAHASSEE, FL

100

(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)

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 filed.

Dated August 29, 2022

Jan R. De...  
Signature of a member or a

Signature of a member or authorized representative of a member

Lori R Dennis

Typed or printed name of signee

**Filing Fee: \$25.00**