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(((H22000398968 3)))



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Division of Corporations

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From:

Account Name : USACORP INC.

Account Number : I20130000019

Phone

: (718)362-4789

Fax Number

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rcooper@tellyhealthmd.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VITAL DATA GROUP LLC

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11/28/2022 | 10:23 | From:17184082550 To:18506176383 Date | Time 11/28/22 10:23AM Pages: 4 P: 2/4

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITAL DATA GROUP LLC		
( <u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records. Forda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number	y Company were filed on 04/13/2022	and assigned
This amendment is submitted to amend the following	<u>;</u> :	ZOZZ NOV
A. If amending name, enter the new name of the	limited liability company here:	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
VITAL DATA GROUP PLLC		±: ~ ~ <u>—</u>
The new name most be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		SES € [I]
(Principal office address MUST BE A STREET AD	DDRESS)	9: L2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the new
		-
New Registered Office Address:	Enter Florida street address	
	Floric	la
	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 Changing Registered Agent, Signature of New Registered Agent

11/28/2022 10:23 From:17184082550 To:18506176383 Date Time 11/28/22 10:23AM Pages: 4 P: 3/4 ((H220003989683)))

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>	Name	Address	Type of Action
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
		Remove	
			☐ Change
		<u></u>	
		□ Remove	
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change

Article V	relating to other provisions, is hereby amended to read as follows:
Articles	: Other provisions, if any: The purpose of the limited liability company is: Medical Practice
Specializ	ng in telehealth.
<u> </u>	
<del> </del>	
E. Effective date	if other than the date of filing: (optional)
Note: If the da	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)(to inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tive date on the Department of State's records
If the record sp (b) The 90th o	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: y after the record is filed.
Dated Novem	r 25 2022
	/s/ Samuel Pennella
	Signature of a member or authorized representative of a member
Sar ——	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00