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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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2022 SEP | Z-PM 2: 52 SECRETARY OF S INTE

COVER LETTER

Division of Co	rporations		
viphomeel	tinic, He	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Delone Garcia		
		Name of Person	
	·	Firm/Company	
	3127 ne 40th court		70 7
		Address	22 SEI
	fort lauderdale , Fl 33308		NAR A
	office@viphomeclinic.com	City/State and Zip Code	TILLED 1022 SEP 1 P PM 2: SECRETARY OF STALLAHASSEE.
		(to be used for future annual report notification)	2: 52 S.F.L.
For further information	concerning this matter, please c	all:	in .
Delone Garcia		954 3830181 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	Certified Copy (additional copy is enclosed) (Certified Copy (Certified Copy is enclosed)	60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section	
Division of (•	Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ViPHOM (Name of the Limit	ECLINIC,	LLC	and a second of			
(Name of the Edina	(A Florida Limited I.	ny as it now appears on o nability Company)	our records.)			
The Articles of Organization for this Limited L Florida document number \(\sum_2 200 \) \(\text{} \)	iability Company	were filed on OH	08/2022.	and assigned		
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liabi	lity company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designa	ation "LLC" or the abbrevia	tion "L.L.C."		
Enter new principal offices address, if applic	able:	3127 NE 40th Court				
(Principal office address MUST BE A STREE		Fort Lauderdale, FL 3	33308			
Enter new mailing address, if applicable:				2		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		TACR	022 \$		
			LE 1			
B. If amending the registered agent and/or r	enistered office a	ddress on our record	ds enter the name of t	hamay rangetarad		
agent and/or the new registered office addres		adress on our record	is, citter the manage t	S S		
Name of New Registered Agent:			[7]	25		
New Registered Office Address:	3127 NE 40th Court Enter Florida street address					
	Fort Lauderdale					
		City	, Florida 33308	Code		
New Registered Agent's Signature, if changing I	Registered Agent:					
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete p stered agent as p registered office (performance of my d rovided for in Chapt	luties, and I am famili ter 605, F.S. Or, if thi,	ar with and s document is		

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>	Address	SECRET PALL
President	Delone Garcia	3127 NE 40th court	AD THE PARTY
		Fort lauderdale,FL 33308	AHR PH Remove
			r ^{ri} ■Change
Director	Bernard Garcia	3227 NE 40TH Court	= Add
		Fort lauderdale, Fl 33308	□Rетюve
		 	□ Change
Secretary	Jacqueline Kelly	H01 SCARBOROUGH DRIVE	□Add
		Davie, FL 33324	□Remove
			Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
	-		□Add
			□Remove
			□Change

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