

L22000169476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

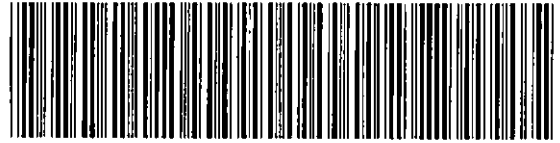
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FILED
2024 NOV 14 PM 12:59

13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIPHOMECLINIC, 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:

DELONE GARCIA
Name of Person

VIPHOMECLINIC, LLC
Firm/Company

4300 BAYVIEW DRIVE
Address

FORT LAUDERDALE, FL 33308
City/State and Zip Code

OFFICE@VIPHOMECLINIC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELONE GARCIA at (954) 383-0181
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VIPHOMECLINIC, LLC

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

2024 NOV 14 PM 12:59

The Articles of Organization for this Limited Liability Company were filed on 4/18/22 and assigned
Florida document number L22000169476

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4300 BAYVIEW DRIVE

FORT LAUDERDALE, FL 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ADEILTON CORREIA

New Registered Office Address:

4300 BAYVIEW DRIVE

Enter Florida street address

FORT LAUDERDALE

City

Florida 33308

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.

[Signature]

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

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

JACQUELINE KELLY HAS BEEN FULLY PAID
AND REMOVED HERSELF FROM THE BACK ACCOUNT.

JACQUELINE HAS ABSOLUTELY NO RESPONSIBILITY
OF ANY TAXES, OR ANYTHING RELATED TO THE COMPANY.

DELONE GARCIA AND ADELTON CORREA
ARE THE NEW OWNERS AND ARE LIABLE
100% FOR VIPHOMECLINIC, LLC.

JACQUELINE WAS PAID IN FULL MAY 22, AND
HAS ABSOLUTELY 0 INTERESTING IN VIPHOMECLINIC
OR ANY OF THE ASSET.

JACQUELINE HAS RETURNED THE BELONGING FROM
THE COMPANY. JACQUELINE HAS NO RESPONSIBILITY
OF THE 2024 TAX YEAR.

E. Effective date, if other than the date of filing: MAY 22, 2024 (optional)

(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)

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.

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

8/26/2024

Delone Garcia
Signature of a member or authorized representative of a member

DELONE GARCIA

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2024

DELONE GARCIA
4300 BAYVIEW DRIVE
FOR LAUDERDALE, FL 33308

SUBJECT: VIPHOMECLINIC, LLC
Ref. Number: L22000169476

We have received your document for VIPHOMECLINIC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 824A00020051