L22000494637

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S. ROBERTS MAY 1 2 2023

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	VASCULAR CI	RCULATION THERAPY	LLC	
3000EC1.	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Sonia Becerra		
		Name of Person		
	Swyft Filings Firm/Company			
3 Greenway Plaza #1:				
	-	Address		
		Houston, TX 77046 City/State and Zip Code		
	· · · · · · · · · · · · · · · · · · ·			
	V.C	therap@gmail.com		
	E-mail address: (to be used for future annual report no	ntification)	
For further information	concerning this matter, please c	all:		
Sonia	ı Becerra	at ()777		
Name	e of Person	Area Code Dayt	ime Telephone Number	
Enclosed is a check for	the following amount:			
S \$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 Addi Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration S Division of C The Centre of 2415 N. Mon	orporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VASCULAR CIRCULATION THERAPY LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Compar	ny were filed on	11/18/2022	and assigned
Florida document number L22000494637			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company her	<u>·e</u> :	
Vascular Circulation Th			*****
The new name must be distinguishable and contain the words "Limited Lia	shility Company," the de-	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			2027
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our re	cords, <u>enter the name</u>	of the new registere
New Registered Office Address:			
	Enter Florie	la street address	
	City	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Ager	*		гар стас
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	gree to act in this co te performance of t s provided for in C	ny duties, and I am fa hapter 605, F.S. Or, i	miliar with and f this document is
II CI	hanging Registered Age	nt, Signature of New Regi	stered 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 = N AMBR = N	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
	-		□Add

__ □Remove

	(Augob additional sheets, if necessary.)
If amending any other	r information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	than the date of filing: the date must be specific and cannot be prior to date of liling or more than 90 days after filing.) Pursuant to 605,0207 (the date must be specific and cannot be prior to date of liling requirements, this date will not be listed as the din this block does not meet the applicable statutory filing requirements, this date will not be listed as the preparament of State's records.
: Father	than the date of filing: the date must be specific and cannot be prior to date of liting or more than 90 days after filing.) Pursuant to 605.0207 (to date must be specific and cannot be prior to date of liting requirements, this date will not be listed as the date in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date of the Department of State's records.
Effective date, is listed.	the date must be specified the application and in this block does not meet the application and in this block does not meet the application and in this block does not meet the application and the block does not meet the application and the date of the block does not meet the application and the date of the specified the date of t
Note: If the date inserte	te on the Department of
document s cito	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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rd is filed.	
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X Dates	

Filing Fee: \$25.00