

CS000111244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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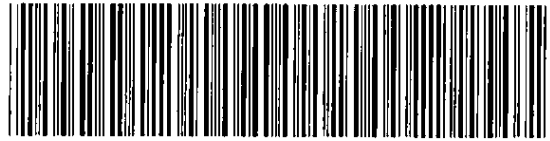
(Business Entity Name)

(Document Number)

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08/23/24--01013--022 **25.00

FILED
AUG 23 2024
FBI - CS

R. HUNT

CS/23/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEALTH VIO 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:

HARDIKKUMAR PATEL

Name of Person

HEALTH VIO LLC

Firm/Company

5908 BRECKENRIDGE PARKWAY

Address

TAMPA, FL 33610

City/State and Zip Code

HARRY@RXPLUSMANAGEMENT.COM

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

For further information concerning this matter, please call:

HARDIKKUMAR PATEL

813 328-3970
at ()

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

HEALTH VIO LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/13/2023 and assigned
Florida document number L23000181244.

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:

5908 BRECKENRIDGE PARKWAY

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33610

Enter new mailing address, if applicable:

5908 BRECKENRIDGE PARKWAY

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33610

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:

HARDIKKUMAR PATEL

New Registered Office Address:

5908 BRECKENRIDGE PARKWAY

Enter Florida street address

TAMPA

Florida 33610

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.

POPEL

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>
AMBR	PATEL, UTKARSH	6903 CONGRESS STREET	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL, HARDIKKUMAR	5908 BRECKENRIDGE PARKWAY	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2008-01-26

(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)

Typed or printed name of signee