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Special Instructions to Fil	ing Officer:	





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## **COVER LETTER**

	Registration So Division of Co			
SUBJEC	VITALOG			
SUBJEC	T:	Name of Lim	ited Liability Company	-
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		James B. Andrews		
			Name of Person	
		Vitalogic LLC		
		<del></del>	Firm/Company	<del></del>
		185 Gomez Road		
			Address	
		Hobe Sound, FL 33455		
		buck@scalerh.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information o	concerning this matter, please ca	all:	
James B	. Andrews		650 248-4319 at ()	
	Name (	of Person		ne Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	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 Addre Registration Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITALOGIC LEC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company for idea document number <u>L23000194470</u> .	were filed on April 19, 2023 and assigned
his amendment is submitted to amend the following:	
. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
ScaleRH, LLC	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2024
	AP
	8 =
inter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
	<b>04</b>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

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	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	-		□Add
			□Remove
			□Change
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ffective date, if other than an effective date is listed, the date lote: If the date inserted in this ocument's effective date on the	must be specific an s block does not	nd cannot be prior meet the applic	to date of filing or mo able statutory filing	(option of than 90 days after transfer transfer transfer transfer transfer to the contract of	iling.) Pursuant to 605.0
record specifies a delayed effe Lis filed.	ctive date, but no	ot an effective t	ime, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after t
ated April		2024	·		

Typed or printed name of signee