Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000268348 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : OLDER LUNDY & ALVAREZ

Account Number : I20190000084 Phone : (813)254-8998 : (813)839-4411 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ABirch@OiderLundyLaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MVP COMPANIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

AUG 0 2 2023

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MVP Companies, LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)		
The Articles of Organization for this Limited Liability Company we	ere filed on 07/07/2023	and assig	ined
Florida document number L23000323467			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
Medicinae Veritatis Peritus, LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abl	reviation "L.L.	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		<u>_</u>
-			
Catalana and Cara addison. Grandles Mar			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
-			
B. If amending the registered agent and/or registered office add	fress on our records, <u>enter the name</u>	of the new	registered
agent and/or the new registered office address here:	- 2	202	
	- -	33 33 35 35 35 35 35 35 3	**
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	: 	<u> </u>	
	Enter Florida street address		002
	Florida	(r) (r) (r)	
	City	i tin Code. Etin Code.	
Non-Dagictored Agant's Signatura if changing Dagictored Agents			

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 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
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

Dated	11-	_·	
ord is filed Dated August 2	2023		
	fective date, but not an effective to	me, at 12:01 a m. on the earlier of	(b) The 94πh day after the
document's effective date on t	the Department of State's records.	anc statutory timing requirements,	this date will not be listed as th
If an effective date is listed, the date. Note: If the date inserted in the	n the date of filing: e must be specific and cannot be prior his block does not meet the applic	to date of filing or more than 90 days a	prioriti) fler filing.) Pursuant to 605.0207 (3 this date will not be listed as th
Effective date if other this	n the date of filiper	7.	ational)
			
		· · · · · · · · · · · · · · · · · · ·	
			

Typed or printed name of signee