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(((H230003800393)))



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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## HUMANIS VITA MEDICAL CLINIC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

r.	OF			
HUMANIS VITA MEDICAL CLINIC, 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 Compared Florida document number L23000479930	any were filed on 10/19/2023 and assigned			
This amendment is submitted to amend the following: .				
A. If amending name, enter the new name of the limited I	iability company here:			
The new name must be distinguishable and contain the words "Limited L.	ability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	7175 SW 8TH ST			
(Principal office address MUST BE A STREET ADDRESS)	SUITE 201-202			
	MIAMI, FL 33144			
Enter new mailing address, if applicable:	- 7175 SW 8TH ST			
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 201-202			
	MIAMI, FL 33144			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the name of the new registere			
Name of New Registered Agent:	22.7			
New Registered Office Address:				
	Enter Florida street address			

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 cm 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.

New Registered Agent's Signature, if changing 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 = N $AMBR = A$	·lanager Authorized Member	÷	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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	W. C. C.
Tective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	of filing:
ecord 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
is filed.	
is filed. ted OCTOBER 31	. 2023
ted OCTOBER 31	aire of a member or authorized sepresentative of a member

Filing Fee: \$25.00