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.

(((H240003391763)))



H24000339176348C2

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 : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

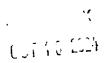
EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN & VITAL MEDICAL TRAINING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help



COVER LETTER

TO: Registration So Division of Cor		•	
VITAL ME	EDICAL TRAINING LLC		r.
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	_
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE 1234@INCFILE.CO	nst to be used for future annual r	report portication)
For further information c	oncerning this matter, please c		
LOVETTE DOBSON		l at ()	888-462-3453
Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for (he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl	Certificate of Status &
<u>Mailing Addres</u> Registration		Street Ad Registra	idress: ation Section
Division of C		~	n of Corporations
P.O. Box 632			ntre of Tallahassee
Tallahassee,	http://ita	2415 N.	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITAL MEDICA	L TRAINING LLC	
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L24000008867}{L}$.	were filed on 01/03/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Ll	LC" or the abbreviation "L. L.C."
Enter new principal offices address, if applicable:	11066 Silver Surfer Alley	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Winter Garden, FL 34787	024
		र्वे विश्व
		-9 -9
Enter new mailing address, if applicable:	11066 Silver Surfer Alley	YO R M
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, FL 34787	19 S T T T T T T T T T T T T T T T T T T
		58
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new registered
New Registered Office Address:	Enter Florida sticet addi	"CN
	, I	Florida
 -	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 602	and I am familiar with and 5, F.S. Or, if this document is
If Chai	nging Registered Agent, Signatur	e 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>	<u>Address</u>	Type of Action
AMBR	Cinthia Liriano	11066 Silver Surfer Alley	
		Winter Garden, FL 34787	□Remove
			Change
			🖸 Add
			□Remove
			□Change
			[:]Add
			□Remove
		「IChange	
			Fladd
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			[]Add
			□Remove
			□Change

				
	<u> </u>			
				
		· · · · · · · · · · · · · · · · · · ·	***	
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	···			
				
factive data if ather thus the	data of filings		(untinuul)	
fective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this bocument's effective date on the D	lock does not meet the appl	icable statutory filing r	than 90 days after (iling.) Feequirements, this date w	fursuant to 605 0207 ill not be listed as I
record specifies a delayed effectives is filed.	re date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The s	90th day after the
ated October 08	2024	·		
		: 41. P.		
	Signature of a member or au	thun outah chorized representative of	a member	
		elain 1 imbones		
	C.m	thia Liriano		

Filing Fee: \$25.00