

L24000065371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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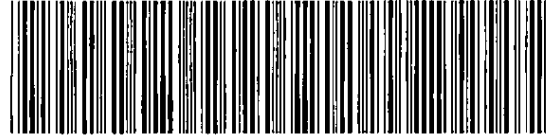
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 OCT -4 PM 1:07

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALONAI HEALTH 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:

Brian Owens

Name of Person

AvalonAI Health, LLC

Firm/Company

2131 NE 15th Terrace

Address

Wilton Manors, FL
33305

City/State and Zip Code

brian@avalor.health

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

For further information concerning this matter, please call:

Brian D Owens

303

807-5113

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AVALONAI HEALTH LLC

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/05/2024 and assigned Florida document number L24000065371.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AVALOR VITALITY LLC

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:

1201 NE 26th Street, Suite 101,

(Principal office address MUST BE A STREET ADDRESS)

Wilton Manors, FL 33305

Enter new mailing address, if applicable:

1201 NE 26th Street, Suite 101,

(Mailing address MAY BE A POST OFFICE BOX)

Wilton Manors, FL 33305

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:

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

Filing Fee: \$25.00

FILED

2024 OCT -4 PM 1:07

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA