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COVER LETTER

	ition Section of Corpor				
		HEALTH LLC			
SUBJECT:			ited Liability Company		
The enclosed Arti	icles of Am	endment and fee(s) are subt	nitted for filing.		
Please return all c	orresponde	nce concerning this matter t	o the following:		
		Brian Owens			
			Name of Person		
		AvalonAl Health, LLC			
			Firm-Company		
		2131 NE 15th Terrace			
			Address		
		Wilton Manors, FL 33305			
			City/State and Zip Code		
	ŀ	orian@avalor.health			
	_	E-mail address: ()	to be used for future annual re	port notification)	
For further inform	nation conc	erning this matter, please ca	II;		
Brian D Owens			303 807- at ()	5113	
Name of Person		Area Code	Daytime Telepho	ne Number	
Enclosed is a chec	ek for the fo	ollowing amount:			
□ \$25,00 Filing	Fee [□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed.		\$60,00 Filing Fee. Certificate of Status & Certified Copy radditional 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

FILED

AVALONALHEALTH LLC

(Name of the Limited Liability Company as it now appears on our records.
(X Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/05/2024}{2}$ Florida document number $\frac{1.24000065371}{1.24000065371}$ 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." 1201 NE 26th Street, Suite 101, Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Wilton Manors, FL 33305 1201 NE 26th Street, Suite 101, Enter new mailing address, if applicable: Wilton Manors, FL 33305 (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office 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 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.

City

If Changing Registered Agent. Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

Tit	<u>e</u>	<u>Name</u>	Address	Type of Action
A	MBR	Jeff Curtis	2131 NE 15th Terrace, Wilton Manors, FL 33305	◆ REMOVE

				
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E. Effective date, if other than the date of filing: September 1, 2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

SEPTEMBER 1, 2024

a member or authorized representative of a member

BRIAN DOWENS

Typed or printed name of signee

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Filing Fee: \$25.00

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