

9/20/24, 10:51 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.  
Account Number : I20040000104  
Phone : (904)366-1500  
Fax Number : (904)366-1501

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

Email Address: trmiller@bmdllc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VOCODO HEALTHCARE MANAGEMENT, LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

SEP 23 2024

(((H24000320761 3)))

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Vocodo Healthcare Management, 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:

Amanda L. Waesch, Esq.

\_\_\_\_\_  
Name of Person

Brennan, Manna & Diamond, LLC

\_\_\_\_\_  
Firm/Company

75 E Market Street

\_\_\_\_\_  
Address

Akron, OH 44308

\_\_\_\_\_  
City/State and Zip Code

alwaesch@bmdllc.com

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

For further information concerning this matter, please call:

Tracy R. Miller, Paralegal

330 201-3529  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vocodo Healthcare Management, 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 Company were filed on 04/30/2024 and assigned  
Florida document number L24000201865.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

3121 W Hallandale Beach Blvd

STE 105

Hallandale, FL 33009

Enter new mailing address, if applicable:

(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:

Renal Roberty

New Registered Office Address:

3121 W Hallandale Beach Blvd, STE 105

*Enter Florida street address*

Hallandale

*City*

Florida 33009

*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

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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>	<u>Type of Action</u>
MGR	Jenny Valazquez	3121 W Hallandale Beach Blvd	<input checked="" type="checkbox"/> Add
		STE 105	<input type="checkbox"/> Remove
		Hallandale, FL 33009	<input type="checkbox"/> Change
AMBR	Renal Roberty	3121 W Hallandale Beach Blvd	<input type="checkbox"/> Add
		STE 105	<input type="checkbox"/> Remove
		Hallandale, FL 33009	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 20 2024

22

Signature of a member or authorized representative of a member

Renal Roberty, AMBR

Typed or printed name of signee

((H24000320761 3)))

**Filing Fee: \$25.00**