L24 000 259 281

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800433357468

66/21/24--01016--003 **25.00

247..... 153..... 6: 06

COVER LETTER

TO:

	egistration Se ivision of Cor				
eun icea	•	SYNC SOLUTIONS MSO, L	.LC		
SUBJECT	:	Name of Lin	nited Liability Company	ý	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	m all correspo	ondence concerning this matter	to the following:		
		NIEVES, ERIC J. SR			
			Name of Person)	
		PHCS, LLC			
			Firm/Company		
		478 E. ALTAMONTE DE	R. Suite 108		
			Address		
		ALTAMONTE SPRINGS	s, FL 32701		
		•	City/State and Zip C	iode .	
		nieves.eric.j@gmail.com			
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future an	nual report notific	cation)
Eric J Nie			407	459-0785	
	Name of	f Person	Area Code	Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing 1 Certified Cop (additional copy i	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address egistration S		· · · · · · · · · · · · · · · · · · ·	et Address:	ion
	ivision of C			istration Sect sion of Corp	
P.	O. Box 632	7	The	Centre of Ta	llahassee
Ta	allahassee, F	FL 32314	241:	N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITALITYSYNC SOLUTIONS MSO, LLC.

	n our records.)
the Articles of Organization for this Limited Liability Company were filed on $\frac{06-06}{1}$ or	-2024 and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	:
e new name must be distinguishable and contain the words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	2
rincipal office address MUST BE A STREET ADDRESS)	27
	<u> </u>
	,
ter new mailing address, if applicable:	
	<u>. ဗု</u>

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.

City

Zip Code

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	BENITEZ, STEPHEN E	478 E. ALTAMONTE DR. SUITE 108	□Add
		ALTAMONTE SPRINGS, FL 32701	≣Remove j
			□Change
AMBR	Johnny Rivera, Jr.	478 E. ALTAMONTE DR. SUITE 108	t≣Add
		ALTAMONTE SPRINGS, FL 32701	□ Remove
			□Change
AMBR	Walter L. Seifert	478 E. ALTAMONTE DR. SUITE 108	≡ Add _~
		ALTAMONTE SPRINGS, FL 32701	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		.	□Add
			□Remove

	- 		-,			
						
·						
				<u> </u>		
					<u>-</u>	
				. <u>.</u>		
				_		
Affective date, if other than fan effective date is listed, the date Note: If the date inserted in this locument's effective date on the	must be specific and car s block does not mee	mot be prior to o t the applicable	late of filing or mor	e than 90 days after fi	ling.) Pursuant to 605	
record specifies a delayed effe d is filed.	ctive date, but not an	effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	r the
August 16 Dated		2024				
/a:cu		7	•			
	/ 45	7		a member		

Typed or printed name of signee

COVER LETTER

.

	VITALITY	SYNC SOLUTIONS MSO, LI	.c	
SUBJECT	:	Name of Limi	ted Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	m all correspo	ndence concerning this matter	to the following:	
		NIEVES, ERIC J, SR		
			Name of Person	<u></u>
		PHCS, LLC		
		TALITYSYNC SOLUTIONS MSO, LLC Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: NIEVES, ERIC J, SR Name of Person PHCS, LLC Firm/Company 478 E. ALTAMONTE DR. Suite 108 Address ALTAMONTE SPRINGS, FL 32701 City/State and Zip Code nieves.eric.j@gmail.com E-mail address. (to be used for future annual report notification) mation concerning this matter, please call: Str. Name of Person Area Code Daytime Telephone Number Seck for the following amount: g Fee Certificate of Status Certified Copy (additional copy is enclosed) RAddress: Registration Section on of Corporations Sox 6327 The Centre of Tallahassee		
			are submitted for filing. matter to the following: SR Name of Person Firm/Company Address RINGS, FL 32701 City/State and Zip Code .com ddress: (to be used for future annual report notification) please call:	
		VITALITYSYNC SOLUTIONS MSO, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: NIEVES, ERIC J, SR Name of Person PHCS, LLC Firm/Company 478 E. ALTAMONTE DR. Suite 108 Address ALTAMONTE SPRINGS, FL 32701 City/State and Zip Code nieves.eric.j@gmail.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: s. Sr Name of Person Area Code Daytime Telephone Number check for the following amount: tiling Fee Certificate of Status Certified Copy (additional copy is enclosed) Ling Address: pistration Section Section Siston of Corporations Division of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee		
	PHCS, LLC Firm/Company			
				(finalize)
For further	information c			meadou)
Eric J Nie		c .	407 459-0785	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
≡ \$25.00) Filing Fec		Certified Copy	Certificate of Status & Certified Copy
R D	Legistration S Division of C	Section Corporations	Registration Se Division of Co	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ears on our records.)
06-06-2024 and assigned
<u>here</u> :
e designation "LLC" or the abbreviation "L.L.C."
records, enter the name of the new registere
lorida street address
, Florida 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 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>	Address	Type of Action
AMBR	BENITEZ, STEPHEN E	478 E. ALTAMONTE DR. SUITE 108	
		ALTAMONTE SPRINGS, FL 32701	≣Remove
			□Change
AMBR	Johnny Rivera, Jr.	478 E. ALTAMONTE DR. SUITE 108	≣ Add
		ALTAMONTE SPRINGS, FL 32701	□Remove
			□Change
AMBR	Walter L. Seifert	478 E. ALTAMONTE DR. SUITE 108	🖺 Add
		ALTAMONTE SPRINGS, FL 32701	□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		DAdd
			Remove
			Change
		·	🗀 Add
			□Remove
			□ Change
 -			□Add
			□Remove
			□ Change

						-		_
-	<u> </u>				-	. <u>-</u>		_
								_
								_
	_							_
	<u>-</u>							_
					. <u> </u>			_
					<u>-</u> .			_
							 = 	_
								
								_
	- ·							_
				<u></u>				-
								-
					<u>_</u>			_
•								_
Effective d	ate, if other th	an the date of t	filing:			(option	al) ing.) Pursuant to 60	
If an effective	date is listed, the	late must be specifi	ic and cannot be	prior to date of i	iling or more than	90 days after fil	ing.) Pursuant to 60	5.0207
document's	effective date or	this block does: the Department	not meet the a t of State's rec	ipplicable statu cords.	ory filing requi	rements, this d	ate will not be lis	ted as
		•						
a maaard ama	aifina a dalawad .	Mastina data hii		d	0 1 4	F 6.45	T 004 1 A	
rd is filed.	cilles a delayed i	meenve date, bu	i noi an eneci	ive time, at 12:	VI a.m. on the	earner or: (b)	The 90th day after	er the
Dated Aug	ust 16		2024					
Dated			2 ,					
			^_ <i>/</i> /	_				
_					sentative of a me			

Typed or printed name of signee