L24000259281

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COVER LETTER

TO:

	Registration Se Division of Cor			
Stip iec		SYNC SOLUTIONS MSO, L	rc	
SUBJEC	· [·	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	unitted for filing	
		ondence concerning this matter	_	
		Eric J. Nieves, Sr		
			Name of Person	
		VITALITYSYNC SOLUT	TIONS MSO, LLC	
			Firm/Company	
478 E. ALTAMONTE DR. 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 not	fication)
For furthe	er information c	oncerning this matter, please c	all:	
Eric J. N	ieves		407 459-0785 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≘ \$2 5.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	action
Registration Section Division of Corporations		Registration Se Division of Co		
	P.O. Box 632		The Centre of 7	
	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITALITYSYNC SOLUTIONS MSO. 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 $\frac{06/06/2024}{1}$ and assigned Florida document number L24000259281 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) 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: New Registered Office Address: Enter Florida street address

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

If Changing Registered Agent, Signature of New Registered Agent

_, Florida

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	RIVERA, JOHNNY, JR	478 E ALTAMONTE DR STE 108	□Add
		ALTAMONTE SPRINGS, FL 32701	≣Remove
			Change
AMBR	Jordana A Valle	10513 Rocking A Run	≅Add
		Orlando, Florida 32825	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			∏Change

	Please add tax or EIN 99-3391077
	
	·
	
f an ci <u>Note:</u>	tive date, if other than the date of filing: (optional) fective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
e reco rd is f	rd 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 iled.
Dated	September 6 2024
1212/	
Daice	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

COVER LETTER

TO:

	gistration Se vision of Cor			
SUBJECT:	VITALITY	SYNC SOLUTIONS MSO, L	LC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Eric J. Nieves, Sr		
			Name of Person	
		VITALITYSYNC SOLUT	TIONS MSO, LLC	
			Firm/Company	
	478 E. ALTAMONTE DR. 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 not	ification)
For further in	nformation co	oncerning this matter, please ca	all:	
Eric J. Nieves		407 459-0785 at ()		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	e following amount:		
≘ \$25.00 F	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		<u>Street Address:</u> Registration Se	ection	
		Division of Co		
	D. Box 632		The Centre of	
Tal	lahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITALITYSYNC SOLUTIONS MSO, LLC

(<u>Name of the Limited Lie</u> (A Fl	ability Company as it now appears on o orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number L24000259281	ty Company were filed on _06/06/20	224 and assigned
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 designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registagent and/or the new registered office address her		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	Florida	
Num Designated Association Statement (Calculated Designation	City	Zip Code
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regist company has been notified in writing of this change in the second company has been notified in writing of this change in the regist company has been notified in writing of this change in the regist company has been notified in writing of this change.	ent and agree to act in this capac nd complete performance of my d d agent as provided for in Chapt tered office address. I hereby cor	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature 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>	Address	Type of Action
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		ALTAMONTE SPRINGS, FL 32701	■Remove
			□Change
AMBR	Jordana A Valle	10513 Rocking A Run	⊟ Add
		Orlando, Florida 32825	□Remove
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			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please add tax or EIN 99-3391077 09/06/2024 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. September 6 2024 Signature of a member or authorized representative of a member Eric J. Nieves Typed or printed name of signee

Filing Fee: \$25.00