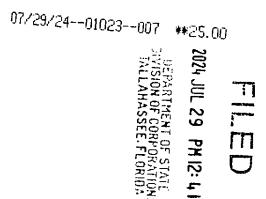
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A. PARISHANI AUG - 3 2024

COVER LETTER

TO: Registration Section
Division of Corporations

VANIELY LLC

SUBJECT: 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: KEILA FLORES Name of Person ROJAS TAX MULTIPLES SERVICES LLC Firm/Company 943 SADDLEWOOD BLVD Address LAKELAND, FL 33809 City/State and Zip Code KROJASTAX@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA V HERNANDEZ 398-2644 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 JUL 29 PH 12: 41

DIEPARTHENT OF STATE
DIVISION OF CORPORATION
TALL AHASSEF, FRORITA

VANIELY LLC

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

	50 S
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number L24000291107	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
VANIELY HEALTH LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne 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	r records, <u>enter the name of the new regist</u>
agent and/or the new registered office address here:	
Name of Nam Pagistary Agents	
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
	Florida Zip Code
City	*** /1 /

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
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