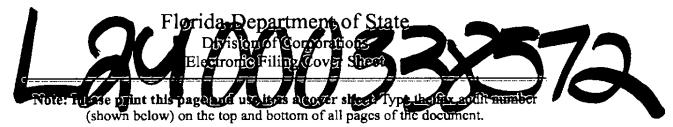
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future 🛶

Email	Address:	

annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VITAL MED, LLC

Please honor original file date of 9/20/2024.

Thanks!

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Certified Copy	1
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Estimated Charge	\$55.00

Please honor original file date of 9/20/2024.

Thanks!

Electronic Filing Menu

Corporate Filing Menu

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SEP 2 (1...)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Limited Limited Compa	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>124000338532</u>	- 100 1-0111
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	Mign: FL 33130
(Principal office address MUST BE A STREET ADDRESS)	Mign: FL 33130
Enter new mailing address, if applicable:	MINNI, FI 33130
(Mailing address MAY BE A POST OFFICE BOX)	Mlumi, F1 33130
': 	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	202
Name of New Registered Agent:	S
New Registered Office Address:	
HOW VERISIGIED OTHER WITHERS	Enter Florida street address
	Florida P
	City Zip Code:
New Registered Agent's Signature, if changing Registered Agent:	
provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	provided for in Chapter 603, F.S. Or, if this document is address, I hereby confirm that the limited liability
company has been notified in writing of this change.	y y y was the state of the stat
If Cha	nging 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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			□ Remove
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amending any other information, enter change(s) here: (Attach additional sheets. (f necessary.) attive date, if other than the date of filing: (optional) (iffective date is linked, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records. And specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed. September 20+1. 2024. Pagenture of a member or authorized representative of a member Rescaled Pagenture of a member or authorized representative of a member.	ma (d. 1-03.94)		H2400032131
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