

L24000462361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

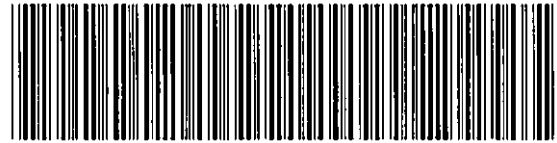
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

NO
amend

Office Use Only



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11/19/24--01029--016 **30.00

2025 JAN 13 PM 5:54
SECRETARY OF STATE
TALLAHASSEE, FL

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confused about
name.

1-13-25
amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2024

RICARDO ANTONIO IVONNE T GALBAN
12934 SW 285TH TER
HOMESTEAD, FL 33033-1997 US

SUBJECT: VILIV HEALTH PLLC
Ref. Number: L24000462361

We have received your document for VILIV HEALTH PLLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please specify how you are changing your name, and please ensure it is written down clearly.

Please return your document, along with a copy of this letter, within 60 days; your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 324A00027377

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JAN 13 2025

Ricardo A. Ivonnet Galban

12934 SW 285th Ter

Homestead, FL, 33033-1997

Email: ricardoivonnet@vilivhealth.com

Ph: 786-539-6221

01/02/2025

Florida Department of State

Division of Corporations

Subject: Request for Correction of Ownership Information and Title Change

Dear Morgan E Lovett or whoever it may concern,

I hope this letter finds you well. I am writing to request a correction to the records of VILIV HEALTH PLLC, Filing number L24000462361, and EIN Number 33-1788864, specifically to correct errors in the listed names of the owners and update their titles.

Upon reviewing the current records with the Florida Department of State, I have identified that the titles and names listed for the owners are inaccurate. The current titles listed are Managers, but they should be corrected to Authorized Members. Additionally, the names listed for the owners may need to be updated to reflect accurate ownership information.

Below is a list of the correct information that should be updated:

- 1- Current Owner's Name: Ricardo R Ivonnet

Owner's Name (Corrected): Ricardo A. Ivonnet Galban

Current Title: Manager

Requested Title: Authorized Member

- 2- Current Owner's Name: Grisell G Villares

Owner's Name (Corrected): Grisell Villares

Current Title: Manager

Requested Title: Authorized Member

Thank you for your time and attention to this matter. Should you need further information, please feel free to contact me at [Your Phone Number] or via email at [Your Email Address].

Sincerely,

Ricardo A. Ivonnet Galban

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VILIV HEALTH PLLC
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:

Ricardo Antonio Ivonnet Galban

Name of Person

VILIV HEALTH PLLC

Firm/Company

12934 SW 285TH TER

Address

HOMESTEAD , FL, 33033-1997

City/State and Zip Code

ricardoivonnet@vilivhealth.com

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

For further information concerning this matter, please call:

RICARDO A. IVONNET GALBAN

786

539-6221

at ()

Name of Person

Area Code

Daytime Telephone Number

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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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VILIV HEALTH PLLC

(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 10/31/2024 and assigned
Florida document number L24000462361.

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)

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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:

RICARDO A. IVONNET GALBAN

New Registered Office Address:

Enter Florida street address


Florida

City

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

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>
AMBR	RICARDO A IVONNET GALBAN	12934 SW 285TH TER, HOMESTEAD , FL 33033	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GRISELL VILLARES	12934 SW 285TH TER, HOMESTEAD , FL 33033	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)*

N/A

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TALLAHASSEE, FL

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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 11/12/24

Signature of member or authorized representative of a member

Ricardo A Ivonne Galban; Grisell Villares

Typed or printed name of signee