

M18000002555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

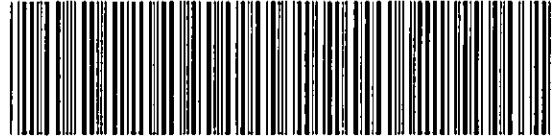
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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19 OCT 22 4:11 PM '17

2018 NOV 22 AM 9:01  
J. H. L.  
10/23/2018 11:00 AM

NOV 27 2013

M. SOLOMON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 019325 7678797

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : October 21, 2019

ORDER TIME : 9:15 AM

ORDER NO. : 019325-010

CUSTOMER NO: 7678797

FOREIGN FILINGS

NAME: DAVITA HEALTH SOLUTIONS, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2019

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: DAVITA HEALTH SOLUTIONS, LLC  
Ref. Number: M18000002555

We have received your document for DAVITA HEALTH SOLUTIONS, LLC .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

Name change still does not match the name on the Certificate.

If you have any questions concerning the filing of your document, please call  
(850) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 619A00023825

19 NOV 26 AM 11:24

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DaVita Health Solutions, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M18000002555

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 14, 2018

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Vively Health, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, **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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:

*Michael J. Palecek*

F852A382421844C...

Signature of the authorized representative

**Michael J. Palecek, Manager**

Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DAVITA COMPLEX CARE SOLUTIONS, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "DAVITA HEALTH SOLUTIONS, LLC", ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2017, AT 8:56 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "DAVITA HEALTH SOLUTIONS, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "VIVELY DIALYSIS, LLC", ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2019, AT 8:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "VIVELY DIALYSIS, LLC" FILED A CERTIFICATE OF CORRECTION, CHANGING ITS NAME TO "VIVELY HEALTH, LLC", ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2019, AT 12:21 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIVELY HEALTH, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.



  
Jeffrey W. Bullock, Secretary of State

6090764 8321  
SR# 20198162386

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204035624  
Date: 11-19-19

# Delaware

The First State

Page 2

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED  
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF  
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT  
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



  
Jeffrey W. Bullock, Secretary of State

6090764 8321  
SR# 20198162386

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