

6/22/22, 3:27 PM

Division of Corporations

**m2100003818**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MALE VIP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2022 JUN 22 PM 4:16

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 JUN 22 PM 6:06

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T. LEMIEUX  
JUN 22 2022

# 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: Male VIP, 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: M21000003818

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 1, 2021

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

5. New name of the limited liability company: Onovi 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

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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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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.

*Clete Walker*

\_\_\_\_\_  
Signature of the authorized representative

Clete Walker

\_\_\_\_\_  
Typed or printed name of signer

**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 THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "MALE VIP, LLC",  
CHANGING ITS NAME FROM "MALE VIP, LLC" TO "ONOFI HEALTH, LLC",  
FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF JUNE, A.D. 2022,  
AT 6:04 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

5748264 8100  
SR# 20222752030

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

Authentication: 203722420  
Date: 06-21-22

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:04 PM 06/16/2022  
FILED 06:04 PM 06/16/2022  
SR 20222752030 - File Number 5748264

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF FORMATION  
OF  
MALE VIP, LLC**

This Certificate of Amendment is being filed by the undersigned in the Office of the Secretary of State of the State of Delaware, in accordance with the provisions of 6 Del. C. § 18-202, to amend the Certificate of Formation of Male VIP, LLC (the "Company") filed in the Office of the Secretary of State of the State of Delaware on March 31, 2021:

FIRST: The name of the Company is Male VIP, L.L.C.

SECOND: The Certificate of Formation of the Company is hereby amended to effect a change to the name of the Company. Section 1 of the Certificate of Formation is hereby deleted in its entirety and the following shall be substituted in lieu thereof:

"1. The name of the company is Onovi Health, LLC (the "Company")."

THIRD: Except as amended hereby, the Certificate of Formation of the Company remains in full force and effect.

**IN WITNESS WHEREOF**, the undersigned, an authorized person with respect to the limited liability company named herein, has caused this Certificate of Amendment to be duly executed, on this the 16th day of June, 2022.

/s/ Clete Walker  
Clete Walker  
Authorized Person