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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 SEP -2 AM 10:18
J. SHIVERS

SEP 03 2015

J SHIVERS

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Victal, LLC
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:

Kristin Starkey
Name of Person

Victal, LLC
Firm/Company

10430 Atlantic Blvd #1114
Address

Jacksonville, FL 32225
City/State and Zip Code

starkey0923@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Starkey at (214) 789-2063
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
MGR	Krishn Starkey	10430 Atlantic Blvd #1114	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32225	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	Kristin Starkey	10430 Atlantic Blvd #1114	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32225	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	Victor Redko	12849 Woodmere Close Dr	<input checked="" type="checkbox"/> Add
		Windermere, FL 34786	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	Mark De Mike	103 Chaney Dr.	<input checked="" type="checkbox"/> Add
		Casselberry, FL 32707	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

15 SEP - 2 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 8-31, 15

Signature of a member or authorized representative of a member

Victor Redko
Typed or printed name of signee