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Amend Mame

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## COVER LETTER

		ation Secti 1 of Corpo				
eum uzz			aate, LLC.			
SUBJEC	.l:		Name of Limi	ited Liability Company		
The encl	osed Art	ticles of An	nendment and fee(s) are sub-	mitted for filing.		
Please re	turn all	correspond	ence concerning this matter	to the following:		
			Alexandro Bolanos			
				Name of Person		
			VITA Luzmira, LLC.			
			820 NW 7 Avenue. #206	Firm/Company		
			Address			
			Miami, FL 33136			
			te, LLC.  Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  Index concerning this matter to the following:  Alexandro Bolanos  Name of Person  VITA Lazmira, LLC.  Firm/Company  820 NW 7 Avenue, #206  Address  Miami, FL 33136  City/State and Zip Code olanosa@vitaresidences.com  E-mail address: (to be used for future annual report notification)  rning this matter, please call:  1 786  1 246-5333  Son  1 Telephone Number  Illowing amount:  1 \$30.00 Filing Fee & Certificate Of Status (Certificate Copy (Certificate of Status (additional copy) is enclosed)  Certificate Of Status (Certificate Copy (Certificate of Status (Certificate Opy) is enclosed)			
			E-mail address: (	Name of Limited Liability Company  Iment and fee(s) are submitted for filing.  Example and the following:  Example and Example		
For furth	er infori	mation con	cerning this matter, please ca	all:		
Alexand	iro Bolai	nos		786 246-5333		
	-	Name of P	erson	Area Code Daytime T	elephone Number	
Enclosed	l is a che	eck for the	following amount:			
\$25.	00 Filinį	g Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Statu Certified Copy	

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICEES	or onomination			
	OF			
		and assigned		
VITA Real Estate, LLC.				
( <u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our reclimited Liability Company)	. د. ا		
·				
he Articles of Organization for this Limited Liability Co	mpany were filed on July, 25, 2016	and assigned		
lorida document number L16000141891		,		
grida document manioci	_•	/		
nis amendment is submitted to amend the following:				
. If amending name, enter the new name of the limi	ad liability gammany horas			
<del></del> -	ed hability company here.			
/ITA Luzmira, LLC.				
he new name must be distinguishable and contain the words "Limi	ed Liability Company," the designation "L	.f.C" or the abbreviation "L.L.C."		
inter new principal offices address, if applicable:	820 NW 7 Avenue, #206			
Principal office address MUST BE A STREET ADDR	Miami, FL 33136	Miami, FL 33136		
The character of the ch				
	820 NW 7 Avenue, #206			
Enter new mailing address, if applicable:		<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33136	···		
	-			
3. If amending the registered agent and/or regist	ered office address on our reco	rds, enter the name of the r		
egistered agent and/or the new registered office addi				
Name of New Registered Agent: Alexar	dro Bolanos			
920 M	W 7 Assumption #206			
New Registered Office Address: 820 N	V 7 Avenue, #206  Enter Florida street add	deare		
Miami		Florida 33136		
<del></del> -	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alexandro Bolanos	820 NW 7 Avenue, #206	
		Miami, Fl. 33136	ПРатом
			Change
MGR	Alexander Bolanos	8775 Park Blvd., #502	
		Doral, FL 33172	■ Remove
			Change
			Add
			□ Remove
			D Add
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			·		
E. Effective date, if other the (If an effective date is listed, the	an the date of file	January 1, 201 ing:	ate of filing or more tha	(optional) in 90 days after filing.) Pur	suant to 605.0207
Note: If the date inserted in document's effective date of	n the Department o	f State's records.	e statutory trinig requ	memens, this date will	not be fisted as
If the record specifies a d (b) The 90th day after t			n effective time,	at 12:01 a.m. on t	the earlier o
Dated March 22		. 2019			
	Signature of	a member or authorize	ed representative of a n	nember	
Alexandro Bola	108				
		Lyped or printed n	ame of signee		

Page 3 of 3

Filing Fee: \$25.00