## LZO 000275830

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(City/State/Zip/Phone #)
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## **COVER LETTER**

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SUBJECT	ViTAL Int	TLLC		
00001.01	·	Name of Lir	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Sebastien Losy		
			Name of Person	·
		ViTAL Intl LLC		
			Firm/Company	Name of Person  Firm/Company  Address  Ty/State and Zip Code  used for future annual report notification)  Telephone Number  Telephone Number  Street Address:  Registration Section
		55 Ocean Lane Drive, #40	23	
			Address	<del></del>
		Key Biscayne, FL 33149		
		slosy@outlook.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For further i	nformation c	oncerning this matter, please c	ali:	
Sebastien Le	osy			
	Name of	f Person		e Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
	iling Address gistration S			aria.
Div	vision of Co	orporations	Division of Cor	
	). Box 632°		The Centre of T	

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ViTAL Int'l LLC

(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 9 / 03 / 2020 and assigned Florida document number L20000275830 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 "LLC." 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) 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_\_

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>	Type of Action
MGR	Sebastien Losy	55 Ocean Lane Drive#4023, Key Biscayne, FL 33149	) <b>■</b> Add
			Remove
			□Change
MGR ———	PIETER SYDNEY CLOETE	55 Ocean Lane Drive#4023, Key Biscayne, FL 33149	_ □Add
			_ \( \overline{\
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Note: If the date	inserted in this	block does not	l meet the ap	plicable stati	tiling or more t atory filing rea	han 90 days afte nuirements, th	r filing.) Pursuant is date will not	to 605.0207 be fisted as
locument's effec	ive date on the	Department of	State's reco	rds.		•		
record specifies d is filed.	a delayed effect	live date, but no	ot an effectiv	e time, at 12	2:01 a.m. on th	ne earlier of: (	b) The 90th da	y after the
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Dated October 1s		Signature of	n member or a	Whorised.rep	resentative of a	member		

Filing Fee: \$25.00