

120000193894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

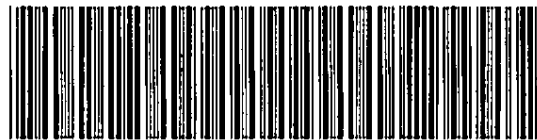
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08/13 AM:24

11:50



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2021

ROSI ALVES  
7350 FUTURES DR  
SUITE 9  
ORLANDO, FL 32819

SUBJECT: LIFE EXPRESS VITAMINS & SUPPLEMENTS LLC  
Ref. Number: L20000193894

We have received your document for LIFE EXPRESS VITAMINS & SUPPLEMENTS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham  
OPS

Letter Number: 121A00016913

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2021 AUG 13 AM 10:52

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LIFE EXPRESS VITAMINS & SUPPLEMENTS 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:

ROSI ALVES

Name of Person

TRUST SOLUTION TAX & BOOKKEEPING LLC

Firm/Company

7350 FUTURES DR SUITE 9

Address

ORLANDO - FL - 32819

City/State and Zip Code

ROSI@TRUSTSOLUTIONTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSI ALVES

Name of Person

at ( 407 )  
Area Code

705+-9147

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

13 AUG 11 24

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LIFE EXPRESS VITAMINS & SUPPLEMENTS 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 07/08/2020 and assigned  
Florida document number L20000193894.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

6152 GOLDEN DEWDROP TRL

**(Principal office address MUST BE A STREET ADDRESS)**

WINDERMERE - FL - 34786

**Enter new mailing address, if applicable:**

6152 GOLDEN DEWDROP TRL

**(Mailing address MAY BE A POST OFFICE BOX)**

WINDERMERE - FL - 34786

**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:

ANTONIO CARLOS TEIXEIRA DE MELLO

New Registered Office Address:

6152 GOLDEN DEWDROP TRL

*Enter Florida street address*

WINDERMERE

*City*

Florida 34786

*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, 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>
AMBR	ANTONIO CARLOS TEIXEIRA I	6152 GOLDEN DEWDROP TRL	<input checked="" type="checkbox"/> Add
		WINDERMERE - FL - 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS AUGUSTO BATALHA	7350 FUTURES DR SUITE 9	<input type="checkbox"/> Add
		ORLANDO - FL - 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

**F. 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 16 JUNE 2021

Signature of a member or authorized representative of a member

**EDUARDO NIEBUS DOS SANTOS**

Typed or printed name of signer