

L20 000 193894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

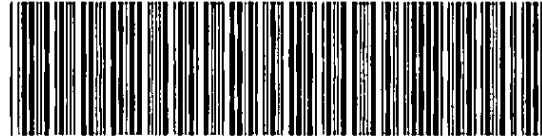
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A. RIVERS

JAN 10 2023



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2022

ROSI ALVES
5950 LAKEHURST DR.
SUITE 222
ORLANDO, FL 32819

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

We have received your document for LIFE EXPRESS VITAMINS & SUPPLEMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 522A00028512

2022 JAN -6 AM 10:51

**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:

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

1411 BUNCKINGHAM RD

WINTER PARK - FL - 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1411 BUNCKINGHAM RD

WINTER PARK - FL - 32789

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:

HAMILTON ALEXANDER GALDINO

New Registered Office Address:

1411 BUNCKINGHAM RD

Enter Florida street address

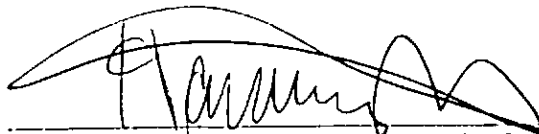
WINTER PARK, Florida 32789

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, 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	HAMILTON ALEXANDER GALDINO	1411 BUNCKINGHAM RD	<input checked="" type="checkbox"/> Add
		WINTER PARK - FL - 32789	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTONIO CARLOS TEIXEIRA DE MELLO	6152 GOLDEN DEWDROP TRL	<input type="checkbox"/> Add
		WINDERMERE - FL - 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDUARDO NIEBUS DOS SANTOS	5401 S KIRKMAN RD SUITE 318	<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
			<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.)

N/A

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 AUGUST 31, 2022

Signature of a member or authorized representative of a member

ANTONIO CARLOS TEIXEIRA DE MELLO

Typed or printed name of signee