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B. BOSTICK

SEP 18 2013

FYAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

NEOVITA 21, 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:

HOMERO CRUZ

Name of Person

NEOVITA 21, LLC.

Firm/Company

6187 NW 167 ST. H24

Address

MIAMI, FL. 33015

City/State and Zip Code

HOMERO CRUZ @ me. com

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

For further information concerning this matter, please call:

HOMERO CRUZ at 305 450-9311

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

2013 SEP 17 PM 5:3  
TALLAHASSEE, FL  
CORPORATION

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

NEOVITA 21, 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 4/17/10 and assigned  
Florida document number L 100000 43037

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 end with 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)**

**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:

H0 METZO CRUZ

6187 NW 167 ST. H24

Enter Florida street address

MIAMI

City

Florida

33015

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>RICARDO</u>	<u>6187 NW 167 ST</u>	<input type="checkbox"/> Add
	<u>ECHVERRIA</u>	<u>SUITE H24</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI FL 33015</u>	
<u>MGR</u>	<u>JONATHAN</u>	<u>6187 NW 167 ST</u>	<input type="checkbox"/> Add
	<u>CRUZ</u>	<u>SUITE H 24</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI FL 33015</u>	
<u>MGR</u>	<u>HOMERO</u>	<u>6187 NW 167 ST</u>	<input checked="" type="checkbox"/> Add
	<u>CRUZ</u>	<u>SUITE H24</u>	<input type="checkbox"/> Remove
		<u>MIAMI FL 33015</u>	
<u>MEMBER</u>	<u>ROBERTO</u>	<u>6187 NW 167 ST</u>	<input checked="" type="checkbox"/> Add
	<u>VENTRESCA</u>	<u>SUITE H24</u>	<input type="checkbox"/> Remove
		<u>MIAMI FL 33015</u>	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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

Dated

9/12/2013

Signature of a member or authorized representative of a member

HOMERO CRUZ

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA