

L10000043037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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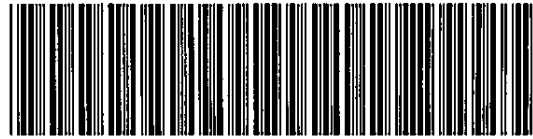
(Business Entity Name)

(Document Number)

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2014 APR 24 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2013

T. HAMPTON

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 167TH STREET H24
Address

MIAMI FL 33015
City/State and Zip Code

NEOVITA21@GMAIL.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

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 4/22/2010 and assigned
Florida document number 10000043037

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 "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

Florida

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

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Authorized Member 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>
MGR	HOMERO GONZ	6187 NW 167 STREET	<input type="checkbox"/> Add
		SUITE H24	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33015	
MGR/ MEMBER	ANA CAPPUCCIO	6187 NW 167 STREET	<input checked="" type="checkbox"/> Add
		SUITE H24	<input type="checkbox"/> Remove
		MIAMI FL 33015	
MEMBER	ROBERTO VENTRESCA	6187 NW 167 STREET	<input type="checkbox"/> Add
		SUITE H24	<input checked="" type="checkbox"/> Remove
		MIAMI, FL. 33015	
MGR/ MEMBER	ROBERTO VENTRESCA	6187 NW 167 STREET	<input checked="" type="checkbox"/> Add
		SUITE H24	<input type="checkbox"/> Remove
		MIAMI FL 33015	

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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/21/, 2014

Signature of a member or authorized representative of a member
ROBERTO VENTIGESCA

Typed or printed name of signee

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