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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Basiliess Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus <u>·</u>
Special Instructions to Filing Officer:	

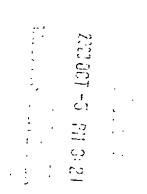




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or in the	Vital Logis			•	
SUBJECT:		Name of Limi	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing		
		ndence concerning this matter	•		
		Daniela Hall			
			Name of Person		
		Vital Logistics, LLC			
			Firm/Company		1001
		1513 NE Livingston Rd			
			Address	• *	
		Arcadia, FL 34266			بن
		jeff1danni@embarqmail.co	City/State and Zip Code m	•	. 2
		E-mail address: (to be used for future annual report notif	lication)	
For further	information c	oncerning this matter, please ca	all:		
Daniela Ha	11		863 993-2490 at ()		
	Name o	l'Person		e Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co)	of Status &
	ailing Addres		Street Address: Registration Sec	ction	
Di	ivision of C	orporations	Division of Cor	porations	
	O. Box 632		The Centre of T		,
13	allahassee, l	LL 24214	Z410 IN. MONTO	e Street, Suite 810	,

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vital Logistics, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{1.11000002237}{1.000002237}$	ny were filed on 01/06/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LL	
Enter new principal offices address, if applicable:		8
Principal office address MUST BE A STREET ADDRESS)		् है।
<u>, </u>		
		(
Stor non mullim address if applicable		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
		lorida
	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>	Type of Action
mgrm	Jeffery A Hall	1513 NE Livingston Rd	□Add
		Arcadia, FL 34266	■Remove
			□Change
ambr	Daniela Hall	1513 NE Livingston Rd	≡ Add
		Arcadia, FL 34266	Remove
			 ☐Change
			Ů. ⊟Add
			⊖ ⊕Remove
			□ Add
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ective date, if other than the date of filing:		(optio	
te: If the date inserted in this block does not meet the applica	able statutory filin		
nument's effective date on the Department of State's records.			
and an if an address of fraction data. Let use an afficience in		en eko onalion e 6 7ks	The Oosk day of
cord specifies a delayed effective date, but not an effective tir s filed.	me, at 12:01 a.m. (on the earner of: (b)	The 90th day after
1011			
ed 1 October , 2020) 	A	./ 2
Signature of a member or autho		they A	. Half
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Signature of a member or autho	rizga zepreseptatike	of a nyefiiber	'

Filing Fee: \$25.00