# L12000085873

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone #	#)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 8 2014

EXAMINER

## **COVER LETTER**

A COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: MandH Group, 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:	
Marcy Ullom	
Name of Person	
MandH Group, LLC	
Firm/Company	
1283 SW 23 Street	
Address	
Miami, FL 33145	SEC TALL
City/State and Zip Code	
marcyullom@gmail.com  E-mail address: (to be used for future annual report notification)	JUL -7 , ARTARY O AHASSEE
For further information concerning this matter, please call:	- T
Marcy Ullom 305, 586-2250	III: 55
Name of Person Area Code Daytime Telephone Number	> 0
Enclosed is a check for the following amount:	

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee &

Certificate of Status

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

### STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MandH Group, LLC				
(Name of the Limits	d Liability Comp A Florida Limited	any as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited Li Florida document number L 1200008589	ability Company	were filed on April	14, 2014	_and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited lial	bility company here:		
VitaGlide, LLC				
The new name must be distinguishable and end with the	words "Limited Lia	bility Company," the design		eviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	E SE	<u></u>
(Principal office address MUST BE A STREE	T ADDRESS)		7 A	<u> </u>
		-1	ASS ASS	
Enter new mailing address, if applicable:		N/A	m ~	> M
(Mailing address MAY BE A POST OFFICE)	BOX)		OR BOA	4 / 19
B. If amending the registered agent and/ registered agent and/or the new registered of			records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:				
New Registered Office Address:	N/A	Enter Florida st	reet address	
		russe v sel use se		
	<u></u>	City	, Florida	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
	N/A			
			□ Remove	
			Add	
			□ Remove	
			Add	
			☐ Remove	
			SECRETARY OF	
			Y OF STATED	
			Remove	
			□ Remove	

E. Effective date, if other than the date of filing:  (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  July 3  2014  Signsture of a member of a member of a member  Marcelyn S Ullom	D.	If amending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
(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 July 3  , 2014  Signature of a member or authorized representative of a member		·	
(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 July 3  Mullip July 3  Signature of a member or authorized representative of a member			
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(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 July 3  Mullip Authorized representative of a member			
(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 July 3 , 2014  Signature of a member or authorized representative of a member			
Dated July 3 , 2014  Dated Multiple Signature of a member of a mem	E.	Effective date, if other than the date of filing	
Signature of a member of a uthorized representative of a member			
<u>-</u>		Dated July 3	2014
<del>-</del>		makee	um Allan
Marcelyn S Ullom		<del>-</del>	member or authorized representative of a member
Typed or printed pages of gippes		Marcelyn S Ullom	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Barbara Bostwick Marcy(Ullent

FR:

RE:

Money on file for this change in name

DATE:

July 3, 2014

Please note that I recently sent in \$52.50, an overpayment, for a name change. Please use \$25 of this for the filing fee for this name change. If there are questions, please contact me at 305-5862250. Many thanks.