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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

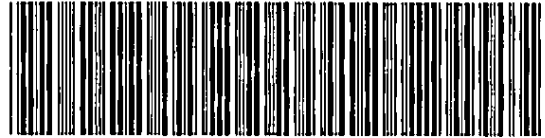
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22 NOV 10 PM 4:53

STATE OF CALIFORNIA  
DIVISION OF CORPORATION

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VitaGlide, LLC  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Marcy Ullom

Contact Person

VitaGlide, LLC

Firm/Company

2445 Riverview Drive NE

Address

Palm Bay, FL 32905

City, State and Zip Code

marcy@vitaglide.com

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

For further information concerning this matter, please call:

Marcy Ullom

at (305) 586-2250

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 NOV 10 PM 4:53  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vita Glide, 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:

marceyn S. Wilton  
Name of Person

Vita Glide, LLC  
Firm/Company

2445 Riverview Dr. NE  
Address

Palm Bay, FL 32905  
City/State and Zip Code

marcy@vita.glide.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

marcy Wilton at 305 514-0514  
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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS

Submitted  
note cover  
letter data  
10/26/22

NOV 10 2022

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Vita Slide, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 6/27/2012 and assigned  
Florida document number L 120000 85893

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 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)

2445 RIVERVIEW DR. NE  
PALM BAY, FL. 32905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(same as above)

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:

2445 RIVERVIEW DR. NE, #

Enter Florida street address

Palm Bay

City

Florida

32905

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>
<u>CEO</u>	<u>Marcy Allom</u>	<u>2445 Riverview Dr NE</u> <u>Palm Bay, FL. 32905</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change <u>(addr)</u>
<u>Pres</u>	<u>Hugh Stevenson</u>	<u>2445 Riverview Dr. NE</u> <u>Palm Bay, FL. 32905</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DIVISION OF CORPORATE AFFAIRS  
STATE OF FLORIDA

DIVISION OF CORRECTIONS  
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(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)

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 November 7, 2022

Marelyn S. Allen

Signature of a member or authorized representative of a member

Marcelyn S. Ullom

Typed or printed name of signee