7/11/2017

Division of Corporations

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To;

Division of Corporations

Fax Number : (850)617-6383

From:

: MARILI CANCIO JOHNSON P.A. Account Name

Account Number : I20160000073 : (305)967-6329 Fax Number : (305)470-7453

Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

Email	Address:_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FELIX VITA LLC

Certificate of Status	0
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Page Count	04
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D. SCOTT JUL 12 2017

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Fe/1 Name of Lin	X VI + & LLC fited Liability Company	
The enclosed Articles of	Amondment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		aril Cancio Name of Person	
	<u> </u>	VIII Can CIO JOI Firm/Company 35 By ICKEN AVE	hnson P.A.
		15 By ICKEN AVE	2, Ste 650
		City/State and Zip Code	131
	marili.	Cancina o je aw	(CONC)
for further information of	concerning this matter, please c	•	icultury.
Marili (1	at (786) 800 Area Code Daytime	- 2333 Telephone Number
Enclosed is a check for the	ne following amount:		17 S.
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
MAIL	ING ADDRESS:	STREET/COURD	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fei	lix Vita LLC
(Name of the Limited Liable (A Florid	IIIv Company as It now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>2/30000</u> 93	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	1046 NE 202 Lane MIANU, 4L 33179
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1046 NE 202 Lane Manu, Fl. 33179
B. If amending the registered agent and/or registered agent and/or the new registered office ado	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	iii ·
New Registered Office Address:	Enter Florida street address Florida City: Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:
provisions of all statutes relative to the proper and cacept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

III Change

4394

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title <u>Address</u> Type of Action Name Maracy International CID Management LCC DANGE INVESTMENTS Limited 1395 Brickell AVE PREMOVE AR Paulas Hvenefeld □ Change □ Add ☐ Remove ☐ Change □ Add □ <u>€b</u>ange □ Remove

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an eft	ve date, if other than the date of filing: (optional) extive 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 605.02
<u>ote:</u> Scum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
me	90th day after the record is filed.
atod	7/11 . DOM. 55 .
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	Signature of a member of authorized representative of a member
	is kogement 110 for Mariney Intil

Page 3 of 3

Filing Fee: \$25.00