

L14000104343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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AUG 08 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Vitality Watersports**

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:

James O'Connor

Name of Person

Vitality Watersports

Firm/Company

8100 24th Ave. N.

Address

Saint Petersburg, FL 33710

City/State and Zip Code

james.oconnor20@yahoo.com

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

For further information concerning this matter, please call:

James O'Connor

Name of Person

612 545-7078

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Adam Winter	8100 24th Ave. N.	<input type="checkbox"/> Add
		Saint Petersburg, FL 33710	<input checked="" type="checkbox"/> Remove
MGR	James O'Connor	8100 24th Ave. N.	<input checked="" type="checkbox"/> Add
		Saint Petersburg, FL 33710	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

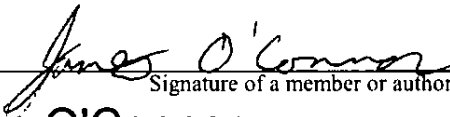
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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 August 2nd, 2014



Signature of a member or authorized representative of a member

James O'Connor

Typed or printed name of signee

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Filing Fee: \$25.00

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