

115000 122 943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

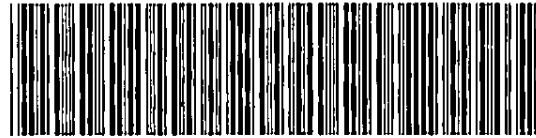
(Document Number)

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FILED
2020 NOV -5 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FL

11/12/20

or



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2020

WILLIAM ROLLINSON
204 W. HYDE PARK PL.
APT #408
TAMPA, FL 33606

SUBJECT: VITALITY LIFE & HEALTH INSURANCE AGENCY, LLC
Ref. Number: L15000122943

We have received your document for VITALITY LIFE & HEALTH INSURANCE AGENCY, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a BENEFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 920A00020875

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VITALITY LIFE & HEALTH INSURANCE AGENCY, 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:

William Robinson
Name of Person

VITALITY LIFE & HEALTH INSURANCE AGENCY, LLC
Firm/Company

204 W. HYDE AVE. PL. # 405
Address

TAMPA, FL 33606
City/State and Zip Code

William A Robinson@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Robinson at (813) 857-4560
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input 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) |
|---|--|--|--|
- \$52.50

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2020 NOV -5 PM 5: 01

VITALITY LIFE & HEALTH Insurance Agency, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/17/15 and assigned
Florida document number W150001229413.

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)

204 W. HYDE PARK PL.

#408

TAMPA, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

204 W. HYDE PARK PL.

#408

TAMPA, FL 33606

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:

William Robinson

New Registered Office Address:

204 W. HYDE PARK PL. #408

Enter Florida street address

TAMPA

City

Florida

33606

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.

W. Robinson

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>
CFO	NEIL BRADY GILSON	5471 W. WATERS AVE #300	<input type="checkbox"/> Add
		TAMPA, FL 33634	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Limited Partner	DEBRA STONE	5471 W. WATERS AVE #300	<input type="checkbox"/> Add
		TAMPA, FL 33634	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.


Signature of a member or authorized representative of a member

Typed or printed name of signee