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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

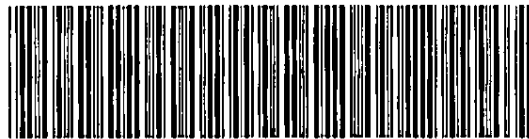
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/18/20--01016--025 **7.50

09/30/20--01014--023 **52.50

FILED
2020 NOV 17 PM 2:18
CLERK OF COURT
CLERK OF COURT

NOV 18 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2020

WILLIAM ROLLINSON
VITALITY LIFE & HEALTH INSURANCE AGENCY
204 W HYPE PARK PLACE #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 check(s) totaling \$52.50. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$7.50. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Shelia S Young
Regulatory Specialist II

Letter Number: 320A00022354

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

Firm/Company

204 W. HYDE PARK PL. #408
Address

TAMPA, FL 33606
City/State and Zip Code

William@robinsonj.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:

- ☐ \$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)

already paid

\$7.50 additional

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**

VITALITY LIFE & HEALTH INSURANCE Agency, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/13/20 and assigned
Florida document number L15000122943

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)

PO Box 172849
TAMPA, FL 33672

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:

Enter Florida street address

Florida

City

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

[illegible]

[illegible]

(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.

Nineham 13 2020

Signature of a member or authorized representative of a member

William Robinson

Typed or printed name of signee