

# L16000005079

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

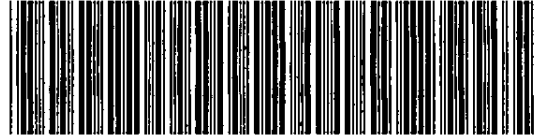
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 MAR 26 PM 1:47  
TALLAHASSEE, FLORIDA  
J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VITUS SEARCH GROUP  
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:

CHARLES STAMFORD  
Name of Person  
VITUS SEARCH GROUP  
Firm/Company  
3564 AVALON PARK BLVD, E STE 1 #123  
Address  
ORLANDO FL 32828  
City/State and Zip Code  
CSTAMFORD@VITUSSEARCHGROUP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES STAMFORD at ( 407 ) 883-4870  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

VITUS SEARCH GROUP

(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 1-7-16 and assigned  
Florida document number 216000005079

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**)

3564 AVALON PARK BLVD E. STE 1  
#123  
ORLANDO FL 32828

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3564 AVALON PARK BLVD E. STE 1  
#123  
ORLANDO FL 32828

**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

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2016 MAR 26 PM 1:4  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>
		14204 AMELIA ISLAND WAY	<input type="checkbox"/> Add
		ORLANDO FL 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
		3564 AVALON PARK BUD	<input checked="" type="checkbox"/> Add
		E. STE 1 #123	<input type="checkbox"/> Remove
		ORLANDO FL 32828	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

3-20-18

Signature \_\_\_\_\_  
HALL

HALLS STAMFORD 11

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**Filing Fee: \$25.00**