

11600000 8554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

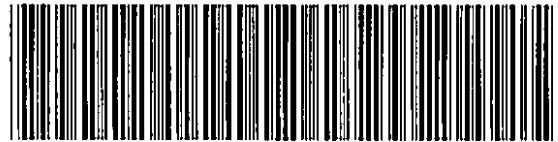
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/13/18--01025--014 **30.00

FILED
NOV 13 2018
CLERK OF STATE
OFFICE OF REGISTRATIONS

Amend/name change

NOV 28 2018

D CUSHING

COVER LETTER

TO: 'Registration Section'
Division of Corporations

Name Change: Divine Transformation, LLC to Vitamin SEE, LLC

SUBJECT: _____
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:

Shannon E. Hodge

Name of Person
Vitamin SEE, LLC

	Firm/Company
3225 South MacDill Avenue Suite 129-298	

	Address
Tampa, Fl. 33629	

shannon.edge@mc.com City/State and Zip Code

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

For further information concerning this matter, please call:

Shannon E. Edge	813	760-4948
_____	at (_____) _____	
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

FILED
CLERK OF STATE
COUNTY OF COCHISE
18 NOV 13 PM 9:44

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIVINE TRANSFORMATION

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

FILED
CLERK OF CIRCUIT COURT
JAN 13 2016
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on January 12, 2016 and assigned
Florida document number 116000008554.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Vitamin SEE, LLC

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

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.

N/A

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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Launched in 2016 for the purpose of being an encouraging and healthy "light" in this toxic world.

Vitamin SEE's purpose is to serve as a personalized health coach to help empower clients to take

responsibility for their health. Vitamin SEE is not just about food but shedding light on every

aspect of the client's life.

Vitamin SEE creates personalized wellness plans that are achievable, sustainable and enjoyable.

especially as the client starts experiencing positive changes.

Vitamin SEE's mission is to be a catalyst of positive changes in our clients lives both

professionally and personally through nutrition, exercise and life style modifications.

With over 65% of American overweight, millions with diagnosed (and undiagnosed) depression that is

causing Americans to spend over 2 trillion on health care per year. Vitamin SEE serves as a gap

between medical professionals and preventative health care. Vitamin SEE's vision is that through

our journey together to a to a healthier lifestyle that we will collectively create a ripple effect

by being a positive "light" to those we come into contact with inspiring other people to take

control of their health.

E. Effective date, if other than the date of filing: _____ **(optional)**

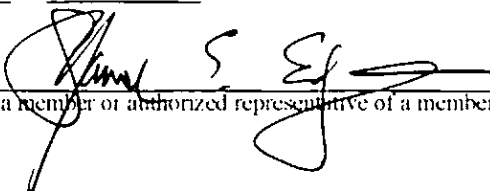
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated November 1, 2018


Signature of a member or authorized representative of a member

Shannon E. Edge

Typed or printed name of signer