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COVER LETTER

	VITAL LINE ENTERPRIS	ES, LLC		
	Name of Lim	ited Liability Company		
Articles of A	Amendment and fec(s) are sub	mitted for filing.		
ll correspoi	ndence concerning this matter	to the following:		
	ASHLEY LOUITAN			
		Name of Person		a a
	VITAL LINE ENTERPRE	SES, LLC		· 三
	7006 IRONWOOD DRIVI	Firm/Company		2019 #R 12 #11:30
	ORLANDO, FL 32818	Address		1:30
	JATAVEIUS@AOL.COM	City/State and Zip Code		- · · ·
	E-mail address: (to be used for future annual repo	ort notification)	
ormation co	ncerning this matter, please co	all:		
JITAN			087	
Name of	Person		Daytime Telephone Numbe	r
heck for the	e following amount:			
ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifies d) Certifies	te of Status &
	ormation con JITAN Name of the check for the	Name of Lim Articles of Amendment and fee(s) are sub Il correspondence concerning this matter ASHLEY LOUITAN VITAL LINE ENTERPRI 7006 IRONWOOD DRIVI ORLANDO, FL 32818 JATAVEIUS@AOL.COM E-mail address: (formation concerning this matter, please contents) ITAN Name of Person heck for the following amount: Ing Fee \$30.00 Filing Fee &	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: ASHLEY LOUITAN Name of Person VITAL LINE ENTERPRISES, LLC Firm/Company 7006 IRONWOOD DRIVE Address ORLANDO, FL 32818 City/State and Zip Code JATAVEIUS@AOL.COM E-mail address: (to be used for future annual reportment of the concerning this matter, please call: JITAN Name of Person Area Code In theck for the following amount: Ing Fee \$30.00 Filing Fee & Certified Copy	Name of Limited Liability Company Articles of Amendment and fec(s) are submitted for filing. Il correspondence concerning this matter to the following: ASHLEY LOUITAN Name of Person VITAL LINE ENTERPRISES, LLC Firm/Company 7006 IRONWOOD DRIVE Address ORLANDO, FL 32818 City/State and Zip Code JATAVEIUS@AOL.COM E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: JITAN Name of Person at (

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

VITAL LINE ENTERPRISES LLC

VITAL LINE ENTERPRISES, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Diability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.16000066344}{}$. This amendment is submitted to amend the following:	were filed on <u>04/04/2016</u>	and assigned
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	lity Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		78
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		第
	<u> </u>	海~ 四百
Enter new mailing address, if applicable:		宝 莲
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		name of the nev
	, Florida	
	City	ip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am famil provided for in Chapter 605, F.S. Or, if th	liar with and is document is

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>	Name	Address	Type of Action
			□ Remove
			Change
			□ Add
			Change E Add
			Change Change
			- G'Add
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			Remove
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		-	
		-	Remove
			Change
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			Change

Ashley Louitan Percentage of Inter	rest 51% and Resia Louitan Percentage of Inter	rest 49%
		
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		2019 KAK
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tive date, if other than the date	of filing:	(optional)
If the date inserted in this block de	oes not meet the applicable statutory filing requ	airements, this date will not be lis
ment's effective date on the Departi	aent of State's records.	
ecord specifies a delayed effe	ective date, but not an effective time,	, at 12:01 a.m. on the earl
e 90th day after the record i		
March 11	2019	
1 March 11		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00