# L16000 138408

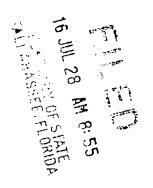
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### **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

SUBJECT: VITAMIN SEA OF ISLAMORADA, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan I. Levy, Esq.
Balleste & Levy, P.A.
11430 N. Kendall Drive, Suite 111
Miami, Florida 33176
bryan@bl-lawgroup.com

For further information concerning this matter, please call:

<u>Bryan I. Levy, Esq.</u> at (305) 275-0652.

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

# VITAMIN SEA OF ISLAMORADA, LLC A Florida limited liability company

The Articles of Organization for this Limited Liability Company number: L16000138408.	were filed on July 22, 2016, and assigned Florida document			
nis amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
N/A				
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.C."			
Enter new principal offices address, if applicable:	N/A P			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>			
Name of New Registered Agent:	ENRIQUE A. FLECHES			
New Registered Office Address:	8004 NW 154 Street, Suite 401			

#### 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

Miami Lakes, Florida 33016

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	<u>Address</u>	Type of Action
MGR	HENRY FLECHES	8004 NW 154 Street, Suite 401 Miami Lakes, Florida 33016	□ Add ■Remove □Change
MGR	ENRIQUE A. FLECHES	8004 NW 154 Street, Suite 401 Miami Lakes, Florida 33016	NAdd □Remove □Change
Dated		member or authorized representative of a member	16 JUL 28 AM 8: 55
_	BRINA	Typed or printed name of signee	

Filing Fee: \$25.00