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AUG -1 2016  
N. CAUSSEAU

## 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](mailto:bryan@bl-lawgroup.com)

For further information concerning this matter, please call:

Bryan I. Levy, Esq. 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 were filed on July 22, 2016, and assigned Florida document number: L16000138408.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

**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:

ENRIQUE A. FLECHES

New Registered Office Address:

8004 NW 154 Street, Suite 401  
Miami Lakes, Florida 33016

**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>
MGR	HENRY FLECHES	8004 NW 154 Street, Suite 401 Miami Lakes, Florida 33016	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ENRIQUE A. FLECHES	8004 NW 154 Street, Suite 401 Miami Lakes, Florida 33016	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

Dated

7/27

2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

BRIAN LEVY AUTHORIZED AGENT  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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16 JUL 28 AM 8:55  
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