

**Florida Department of State**  
**Division of Corporations**  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : JELEN ACCOUNTING SERVICES, INC  
 Account Number : I20120000052  
 Phone : (305)591-9180  
 Fax Number : (305)591-9167

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@jelenaccounting.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 NEOVITA 4B14 LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEOVITA 4B14 LLC

(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 08/03/2016 and assigned Florida document number L15000145411.

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:

4851 NW 79TH AVENUE SUITE 5

(Principal office address MUST BE A STREET ADDRESS)

DORAL FLORIDA, 33166.

Enter new mailing address, if applicable:

4851 NW 79TH AVENUE SUITE 5

(Mailing address MAY BE A POST OFFICE BOX)

DORAL FLORIDA, 33166.

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**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:

JELEN ACCOUNTING SERVICES, INC

New Registered Office Address:

4851 NW 79TH AVENUE SUITE 5

*Enter Florida street address*

DORAL

*City*

Florida 33166

*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.*

*[Signature]*  
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>
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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