116000152085

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(Ad	dress)		
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16 OCT 20 PM 1: 14 DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporation	
Vitazen Gro	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Ricardo J. Viteri
	Name of Person
	Vitazen Group LLC
	Firm/Company
	111 Golden Isles Dr Suite F-1
	Address
	Hallandale Bch. Fl, 33009
	City/State and Zip Code
	viterim@bellsouth.net
	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
Ricardo Viteri	786 663-9734 at ()
Name of P	
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Vitazen Group LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on August 15,2016	and assigned
Florida document number 16000152085		
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 I	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 ADDRES:	<u> </u>	0KN 77 77 77 77 77 77 77 77 77 77 77 77 77
		16 DCT 20 PM 1: 15 DKNISION OF CORPORATIONS
		20 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or registere	d office address on our records e	
registered agent and/or the new registered office address		neer the name or the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florid	la
	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.

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>	Address	Type of Action
MGR	Barbara Mesa	111 Golden Isles dr suite F-1	Add
		Hallandale Bch. Fl, 33009	☐ Remove
		 	□ Change
			
			☐ Remove
		<u></u>	☐ Change
			On Add On To Change PH Or Change
			CF Change PH 1: 5
			□ Change
			Add
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			Add
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			Change.

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		5
(If an el	tive date, if other than the date of filing:	
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earth day after the record is filed.	earlier of:
Dated	Oct. 17 , 2014.	
	h than.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00