

L160000222856

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(City/State/Zip/Phone #)

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(Document Number)

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DIVISION OF CORPORATIONS

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AUG 08 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VITUS ENTERPRISES, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MAREN ARMFIELD

Name of Person

VITUS ENTERPRISES, LLC

Firm/Company

2453 SWEETAIRE CT

Address

APOPKA, FL 32712

City/State and Zip Code

JONATHAN@MYCPASOLUTIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAREN ARMFIELD

727 415-1642

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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**

VITUS ENTERPRISES, 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 12/08/16 and signed

Florida document number L16000222856

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:

2453 SWEETAIRE CT

(Principal office address MUST BE A STREET ADDRESS)

APOPKA, FL 32712

Enter new mailing address, if applicable:

SAME AS ABOVE

(Mailing address MAY BE A POST OFFICE BOX)

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:

CPA SOLUTIONS, INC

New Registered Office Address:

605 EAST ROBINSON ST #450

Enter Florida street address

ORLANDO

City

Florida 32801

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

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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>
MGRM	CHARLES STAMFORD	14204 AMELIA ISLAND WAY	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MAREN ARMFIELD	2453 SWEETAIRE CT	<input checked="" type="checkbox"/> Add
		APOPKA, FL 32712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DIVISION OF CRIMINAL AFFAIRS

E. Effective date, if other than the date of filing: 05/24/2017 (optional)
(If an effective date is listed, the date must be at least 60 days before the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 24 MAY 2017

Malibu

Signature of a member or authorized representative of a member

MAREN ARMFIELD

Typed or printed name of signee