

L17000116235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

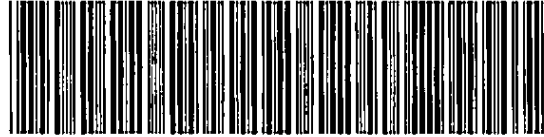
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500301493435

07/21/17--01018--018 *+25.00

FILED
17 AUG 29 PM 4:07
STATE OF TEXAS
FALL ARRESTED

D. SCOTT

AUG 31 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2017

SANDRA B MASSO
16475 GOLFL CLUB RD SUITE #304
WESTON, FL 33326

SUBJECT: VITA PET LIFE LLC
Ref. Number: L17000116235

We have received your document for VITA PET LIFE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please choose one registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 817A00015114

RECEIVED
2017 AUG 29 AM 11:14
SUNBIZ
TALLAHASSEE, FLORIDA

FILED
17 AUG 29 PM 4:07
SUNBIZ
TALLAHASSEE, FLORIDA

me

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VITA PET LIFE 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:

SANDRA B. MASSO

Name of Person

PEAK CORP

Firm/Company

16475 Golf Club Rd. Suite # 304

Address

Weston FL 33326

City/State and Zip Code

peakcorp@hotmail.com

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

For further information concerning this matter, please call:

SANDRA B. MASSO

305 2828251
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

FILED
AUG 29 PM 4:01
17

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VITA PET LIFE, 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 05/25/2017 and assigned
Florida document number L17000116235

FILED
AUG 2
PM 4:07
CLERK OF COURT
JANET HARRIS
CLERK OF COURT

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:

2625 WESTON RD.

(Principal office address MUST BE A STREET ADDRESS)

WESTON, FL. 33326

Enter new mailing address, if applicable:

2625 WESTON RD.

(Mailing address MAY BE A POST OFFICE BOX)

WESTON, FL. 33326

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:

PEAK CORP

New Registered Office Address:

125 TAFT BLVD.

Enter Florida street address

CLEWISTON

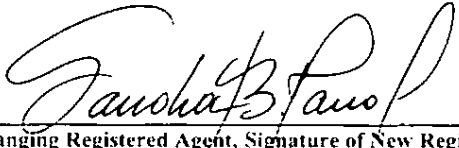
City

Florida 33440

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARCIO J. RODRIGUEZ	1547 Passion Vine Circle	<input type="checkbox"/> Add
		Weston, Fl. 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOSE A. PRAZERES	3700 SAN SIMEON CIR	<input type="checkbox"/> Add
		WESTON, FL. 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS H. DE ALMEIDA	1308 CHENILLE CIR.	<input type="checkbox"/> Add
		WESTON, FL. 33327	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 AUG 2 2007
 4:07 PM
 ST. JAMES
 17

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated _____, _____.

$$\therefore A = 15$$

MARCIO J. RODRIGUE'S

FILED
AUG 29 PM 4:07
17
SEP 1 1966