## 118000056336

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e#)
<u></u>	WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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J. LEGGETT APR 0 3 2018



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 22, 2018

PHILIP DAZZO
1211 N WESTSHORE BLVD SUITE 603
TAMPA, FL 33607 US

SUBJECT: PANACEA VITALIS, LLC.

Ref. Number: L18000056336

We have received your document for PANACEA VITALIS, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate a title for Melissa Duarte

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 818A00005775

RECEIVED

## **COVER LETTER**

	ation Section 1 of Corporations
SUBJECT:	Panacea Vitalis LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Philip Dazzo Name of Person
	Name of Person
	Panaceo Vitalis LLC
	Firm/Company
	1211 N. Westshore Blud Suite 603 Address
	City/State and Zip Code  Sancday Melissa @ Gmail. Com  E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
	Name of Person at ()  Area Code Daytime Telephone Number
Enclosed is a che	ck for the following amount:
□ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status 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

Panace	a Vita	Nis L	يدر				
(Name of the Limited )	Liability Company Florida Limited Lia	as it now ap bility Compa	pears on our n	ecords.)			
The Articles of Organization for this Limited Liabs		vere filed on	3/2	1/18	and	l assig	med
This amendment is submitted to amend the following	ing:						
A. If amending name, enter the new name of th	e limited liabili	ty compan	<u>y here</u> :				of the new
The new name must be distinguishable and contain the word	s "Limited Liability	Company " t	he designation	"LLC" or the	abbreviatio	n "I.I.	<u>C."</u>
Enter new principal offices address, if applicabl	·	, company, i	no dosignation	DEC OF MC			<b>.</b> .
(Principal office address MUST BE A STREET A							
						8 PPR -	The second secon
Enter new mailing address, if applicable:					m-K	12	: 
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			·	70	H 4: 57	graphical and the second and the sec
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address	on our rec	ords, <u>ente</u>	r the na	me of	the new
Name of New Registered Agent:	Me	elissa	Dun	rte			
New Registered Office Address:	1211	N We Enter	StShore Florida street a	Bivd ddress	Suite	60	13
<u>-</u>	Timp			_, Florida _	33 Zip C	ode	1

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:	r		,			

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
•	Philip Dozes	1211 N Westhore Blvd Sute	Z €13 □ Add
		Tunge FL 33607	Remove
			☐ Change
President	Melissa Duarte	1211 N Westshine Roll Sur. Timpe PL 33657	1663 Add
		Timpa PL 33607	Remove
			Change
			Add
			□ Remove
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			Add
			□ Remove
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lf an effe <u>Note:</u> I	ve date, if other than ective date is listed, the dat If the date inserted in the ent's effective date on t	te must be specific and his block does not n	cannot be prior to neet the applicab	date of filing or mor le statutory filing	(option e than 90 days after fr requirements, this o	iling.) Pursu	ant to 60	 05.0207 ted as
	ord specifies a dela 90th day after the		ate, but not a	an effective tin	ne, at 12:01 a.	m. on th	e earl	ier of
Dated	3 Mura	ch 19th	2018	•				

Page 3 of 3

Filing Fee: \$25.00