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(Requi	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	me)
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Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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SECRETARY OF STATE

APPROVED AND FILED



COVER LETTER

TO:	Registration Security Division of Cor			
	VITAINN	OVATIONS LLC		
SUBJE	:СТ:		<u> </u>	
		Name of Lin	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	retum all correspo	ondence concerning this matter	to the following:	
		DIMITRI LOURIDAS		
			Name of Person	
			Firm/Company	- ,
		6220 N. 8TH STREET		
			Address	
		PHILADELPHIA, PA, 19	126	
		magnolerpaolo@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For fur	ther information c	oncerning this matter, please c	all:	
DIMFI	RELOURIDAS		215 5889334	
		f Person	at ()	
	Name o	l Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
₽ \$ 25	5.00 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ited Liability Co (A Florida Limi	mpany as it now appears on our reco led Liability Company)	erds.)
Liability Comp	any were filed on JUNE 11 2018	and assigned
lowing:		
of the limited l	iability company here:	
words "Limited L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
cable:	X/X	
<u>ET ADDRESS</u>	<u> </u>	
	X/X	
BOX)		
/or registered	office address on our recon	rds, enter the name of the
X/X		
X/X		
	Enter Florida street add.	ress
		Florida
	lowing: lowing: lowing: bf the limited L cable: ET ADDRESS // BOX) // or registered ffice address	words "Limited Liability Company," the designation "Leable: X/X X/X

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>	Type of Action
AMBR	DIMITRI LOURIDAS	6220 N. 8 STREET PHILADELPHIA, PA, 19126	■ Add
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(If an off <u>Note:</u>	ve date, if other than the date of filing: cotive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.	o 605.02 e listed :	:07 (3)(b) as the
he red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier	of:
Dated	NOVEMBER 20 2018		
	Signature of a member or authorized representative of a member	_	
	·		

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Filing Fee: \$25.00