

DEC 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vital Hydration and Wellness 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:

Carla Joseph
Name of Person

Firm/Company

5645 Coral Ridge Drive #476
Address

Coral Springs, FL 33076
City/State and Zip Code

Cjosephmsn@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla Joseph at (954) 249-3956
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Vital Hydration and Wellness 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 07/03/2018 and assigned
Florida document number L18000161412.

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:

(Principal office address MUST BE A STREET ADDRESS)

5645 Coral Ridge Drive #476
Coral Springs, FL 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5645 Coral Ridge Drive
Suite 476
Coral Springs, FL 33076

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:

Carla Joseph

New Registered Office Address:

5645 Coral Ridge Drive #476

Enter Florida street address

Coral Springs

City

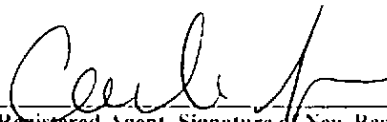
Florida

33076

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>
MGR	Rose Zamor	4699 N State Road 7 Suite G	<input type="checkbox"/> Add
		Tamarac, FL 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	McAshley Joseph	5645 Coral Ridge Drive	<input checked="" type="checkbox"/> Add
		Suite 476	<input type="checkbox"/> Remove
		Coral Springs, FL 33076	<input type="checkbox"/> Change
MGR	Carla Joseph	5645 Coral Ridge Drive	<input type="checkbox"/> Add
		Suite 476	<input type="checkbox"/> Remove
		Coral Springs, FL 33076	<input checked="" 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

[illegible]

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 November 18, 2019

Signature of member

Signature of member or authorized representative of a member

Carla Joseph

Typed or printed name of signee