

L18000177233

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-5333

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

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JUN 05 2019

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
VITALVACATION LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 11/13/2018 and assigned Florida document number: L18000265859

ETN Number: 83-2580040

Article I

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."

Article II

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8865 COMMODITY CIRCLE UNIT 11 SUITE 101, ORLANDO, FL 32819

Article IV

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: **US TAX CONSULTING INC**

New Registered Office Address: **5401 S KIRKMAN RD SUITE 135, ORLANDO, FL 32819**

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

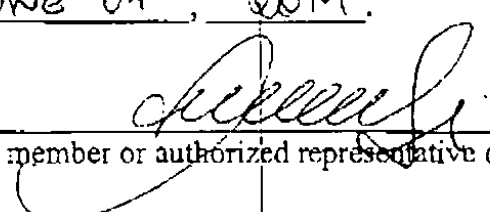
Title	Name	Address	Type of Action
AMBR	Gustavo A Boscon	Rua Ivan Jose Valverde, 177 Olimpia, SP 15400-000 BR	Change Address and Title
AMBR	Cassiano Ferreira de Oliveira	Avenida 3, 2838 Barretos, SP 14783-094 BR	Change Address
AMBR	Josegueri Celeri	Rua Eugenio Bampa, 679 Barretos, SP 14781-202	Change Address

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

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: June 04th, 2019.


Signature of a member or authorized representative of a member

Sergio Sa

Typed or printed name of signee

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