

219 0000065338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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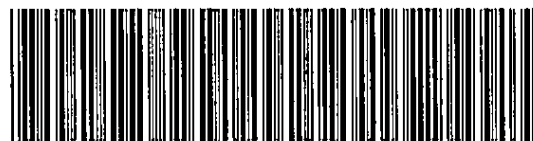
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21 SEP 22 PM 1:07



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

21 SEP 22 AM 7:57

August 9, 2021

ANABELLA SANTACATERINA  
4959 ERIN LN  
MELBOURNE, FL 32940

SUBJECT: VITALE AMERICA LLC  
Ref. Number: L19000065338

We have received your document for VITALE AMERICA 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Summer Chatham  
OPS

Letter Number: 921A00018774

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STATE DEPT OF STATE  
DIVISION OF CORPORATIONS  
21 SEP 22 AM 1:07

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VITALE AMERICA 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:

ANABELLA SANTACATERINA

Name of Person

VITALE AMERICA LLC

Firm/Company

4959 ERIN LN

Address

MELBOURNE, FL 32940

City/State and Zip Code

vitaleamerica@gmail.com

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

For further information concerning this matter, please call:

ANABELLA SANTACATERINA 704 9679128  
Name of Person at ( ) 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
21 SEP 22 PM 1:07  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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

VITALE AMERICA 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 MARCH 7th, 2019 and assigned  
Florida document number 119000065338.

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:**

4959 ERIN LN

**(Principal office address MUST BE A STREET ADDRESS)**

MELBOURNE, FL 32940

**Enter new mailing address, if applicable:**

4959 ERIN LN

**(Mailing address MAY BE A POST OFFICE BOX)**

MELBOURNE, FL 32940

**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:

New Registered Office Address:

4959 ERIN LN

*Enter Florida street address*

MELBOURNE

*City*

Florida 32940

*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	SIMON PINTO MARTINEZ	4959 ERIN LN. MELBOURNE, FL 32940	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF CIRCUIT COURT  
JAN 23 2024  
2:51 PM  
TALLAHASSEE

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

ARTICLE III: TECHNICAL AND CONSULTING SERVICES FOR EITHER DESIGNING, PRODUCTION,  
MAINTENANCE OR MARKETING OF PRODUCTS OR SERVICES FOR HOUSEHOLDS AND  
INDUSTRIALS.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 205.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be listed as the document's effective date on the Department of State's records.

FILED  
STATE DEPT  
JUL 19 2021  
21 SEP 22 PM 15 07

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY, 19th 2021

Signature of a member or authorized representative of a member

ANABELLA SANTACATERINA

Typed or printed name of signer