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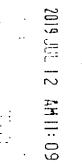
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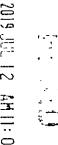
Office Use Only



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COVER LETTER

	tion Section of Corporations		
SUBJECT:	Lakay Vita, L.L.C. Name of Line	ited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	Wency R	. Germinal Name of Person	
	lakay Vit	G, L. L. C Firm/Company	
	1662 NE	140 St Address	
	NMiami	Beach FL 3318 City/State and Zip Code	<u> </u>
		Comail Com	
For further informa	ation concerning this matter, please ca	all:	
Wency !	2. Geminal Name of Person	at (<u>186</u>) <u>985</u> Area Code Dayiir	1552 ne Telephone Number
Enclosed is a chec	k for the following amount:		
\$25.00 Filing 1	Fee \$\Bigcup \$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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lakan Vita LLC	2019 JUL 12 AH 11: 08
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	y)
The Articles of Organization for this Limited Liability Company were filed on	05 03 19 and assigned
Florida document number <u>L19000120557</u> .	
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	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	14
New Registered Office Address:	N/A
Enter	Florida street address

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.

City

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
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effective date is list	ed, the date must be speci	fic and cannot be prio	r to date of filing or mo	option (option) ore than 90 days after fil	ing.) Pursuant to 605,0207
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	Signatur	e of a member or auti	norized representative	of a member	
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