

**L19000127313**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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06/18/19 01.00/009 25.00

STATE OF  
ALABAMA  
JUL 17 2019

19 JUL 17 PM 2:30

FILED

JUL 17 2019

**S. YOUNG**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2019

MIKE BELL  
DATA VITALITY COMPANY, LLC  
PO BOX 600265  
JACKSONVILLE, FL 32260

SUBJECT: DATA VITALITY COMPANY, LLC  
Ref. Number: L19000127313

We have received your document for DATA VITALITY COMPANY, 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):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 719A00013009

RECEIVED  
2019 JUL 17 AM 9:46

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Data Vitality Company, 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:

Mike Bell

\_\_\_\_\_  
Name of Person

Data Vitality Company, LLC

\_\_\_\_\_  
Firm/Company

PO Box 600265

\_\_\_\_\_  
Address

Jacksonville, FL 32260

\_\_\_\_\_  
City/State and Zip Code

mike@dvitality.com

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

For further information concerning this matter, please call:

Mike Bell

904

608-5744

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

**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**

Data Vitality Company, 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 5/10/2019 and assigned  
Florida document number L19000127313

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 "LLC."

**Enter new principal offices address, if applicable:**

1830 North University Drive #276

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

Plantation, FL 33322

**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 on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Bell Technology, Inc.

New Registered Office Address:

1830 North University Drive #276

*Enter Florida street address*

Plantation

*City*

Florida 33322

*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	Ken Graham	1700 SW 78th Avenue, Unit #907	<input checked="" type="checkbox"/> Add
		Plantation, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Craig Coulter	1316 Shootingstar Lane	<input checked="" type="checkbox"/> Add
		Saint Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ceryle Freeburn	55157 Eden PL	<input checked="" type="checkbox"/> Add
		Callahan, FL 32011	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 605.0207 (3)(b)

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.

June 15 2011  
  
 Signature of a member or authorized representative of a member

Michael J. Bell  
Typed or printed name of signee

Typed or printed name of signee