Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000343756 3)))



H190003437563ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

₹	^	٠	
	v		

Division of Corporations

Fax Number

: (850)617-6383

From:.

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : I20150000034 Phone : (239)344-7417

Fax Number : (888)344-7262

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. *

Email	Address:	4	æ
		रि. भू इंद	 0

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FCV CONSTRUCTION LLC

Certificate of Status	<u>ii </u>
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 2 1 2010

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION DEPOSITION OF

FCV CONSTRUCTION LLC	題用 NOV 25	A \$ #0
(Name of the Limited Liability	Company as it now appears on our records Limited Liability Company	- 11. 15. 15. 15. 15. 15. 15. 15. 15. 15.
15 rema	anned mainty Companys 2. 1 1997 Commen	สำเริ่มชื่น
The Articles of Organization for this Limited Liebifity Co	ompany were filed on 10/25/2019	and assigned
Florida document number 1. 9000268088	_'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
VITAL ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Limi	red Liability Company," the designation "LLC"	or the abbreviation "U.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR		
Trincipal office anaress seest BE A STREET 317210	<u>ESS)</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 on our records, enter t	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
15 to the gineses of the Andreas	Enter Fiorida street address	
	Marida	
	Chy.	orida

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>	Name	Address	Type of Action
		·	□Remove
			[] Change
			OAdd
			DRemove
		 	DChange
			□Add
			IRemove
		, <u></u>	
			L' Add
			□Remove
			□ Change
			DAJD
			□Remove
			☐ Change
			□Add
			[]Remove

Page 2 of 3

			
		<u>, , , , , , , , , , , , , , , , , , , </u>	
	^ ***		
fective date, if other than the date in effective date is listed, the date must be s oter. If the date inserted in this block is scument's effective date on the Depart	does not meet the applicable	tate of filing or more than 90 c e statutory filing requireme	_ (optional) lays after filing. Pressant to 605.020 ents, this date will not be listed a
		n offactive time at 1	
record specifies a delayed eff The 90th day after the record	fective date, but not a is filed.	in enective time, at 1	2:01 a.m. on the earlier o
The 90th day after the record	fective date, but not a is filed.		2:01 a.m. on the earlier o
Fabricio Pole	is filed.		

Page 3 of 3

Filing Fee: \$25.00