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COVER LETTER

TO: Registration Solution of Col				
SUBJECT:	Vita Seri Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alexandia	C Guillermo		
	Vita	Services LLC Firm/Company	<u></u>	
	5123 515	St Way		
	West Paln	n Bach FL 3 City/State and Zip Code	3409	
	Gan Nermo E-mail address: (to be used for future annual report noti		\bigcirc
For further information c	oncerning this matter, please co	all:	707	-
Ale xan Na Name o	C Guillermo	at (<u>1310) 403</u> Area Code Daytim	- 4341 \\ \times \text{Tetephone Number} \\ \times \\	:
Enclosed is a check for th	ne following amount:		A II: 2	ال
₩\$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u>	<u>s:</u>	Street Address:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V +a Sec	Liability Company as it now appears on o	our records.)	
(A)	Liability Company as it now appears on o Florida Limited Liability Company)		_
The Articles of Organization for this Limited Liabi		rvary 2(e,2))O nd assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company." the designa	nation "LEC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			(7)
(Mailing address MAY BE A POST OFFICE BO)V)	7.07.1	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Maining anarts MAT BE A FOST OFFICE BO		-	= ;
			·
B. If amending the registered agent and/or regi	stered office address on our recor	ds, enter the name of $\frac{1}{1}$: he <u>new registered</u>
agent and/or the new registered office address h	nere:) 	
			=
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Enter Florida si	reet address	
		, Florida	
		Ζą	o 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<i>(</i>	MGR = Mai AMBR = Aut	nager horized Member		
	Title	<u>Name</u>	Address T	ype of Action
2	mge	Alexandra C Guillermo	5123 518 Way	i Add
			West Palm Beach, FC	□Remove
			33409	□Change
Pr	esitent	Alexandra C. Guillermo	5123 51st Way	_□Add
		(West Palm Beach, FL E	Remove
			33409	□Change
				□∧dd
				_ □Remove75
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				_ Remove
			·	_ □Change

President to Manager Sir	a corrected (15)(1
President to Manager Sir	nce Company is an
LLC	' 0
	20
	21
	=
e date, if other than the date of filing: 5/1 ive date is listed, the date must be specific and cannot be prior to e the date inserted in this block does not meet the applicable th's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0 e statutory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time.	at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	,
d	
00 1:11	Alla
Signature of a member or authorize	Chille.
	ed representative of a member

Filing Fee: \$25.00