L20000091947

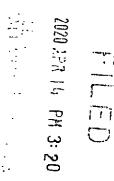
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ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor			
	factory LLC	,	
SUBJECT:			
	Name of Lin	tited Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gregory Sarkin		
		Name of Person	
	The Vita Factory LL	C	
	,	PirmyCompany	
	355 Hiatt Drive Suite A	,	
		Address	
	Palm Beach Gardens, FL	33418	
	accounts@thevitafactory.c	City/State and Zip Code om	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Gregory Sarkin		561 632-1810	
·		at ()	Telephone Number
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
資 \$25.00 Filing Fee	S 10.00 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

issigned 22 The Articles of Organization for this Limited Liability Company were filed on and assigned L20000091947 Florida document number 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." 4371 Northlake Blvd #264 Enter new principal offices address, if applicable: Palm Beach Gurdens, FL 33410 (Principal office address MUST BE A STREET ADDRESS) 4371 Northlake Blvd Enter new mailing address, if applicable: Palm Beach Gardens, FL 33410 (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: New Registered Office Address: Enter Florida street address . Florida City Zip Cook 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
Manag er	Olga Galarza	7426 Kestral Terrace Lake Worth FL 33463	
			☐ Remove
		-	□ Change
			□Remove
		****	□Change
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			[] Change
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			□Remove
			Change

			<u> </u>	
				
				
				
ffective date, if other than t an effective date is listed, the date is lote: If the date inserted in this ocument's effective date on the	must be specific and cannot be a block does not meet the a	applicable statutory	or more than 90 days after filing requirements, thi	filing.) Pursuant to 605.020
record specifies a delayed effect is filed.	tive date, but not an effec	tive time, at 12:01 a	.m. on the earlier of: (t) The 90th day after the
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04/09				
04/09 Dated	Dys			
	Din	r futborized represent	tilive of a member	

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Filing Fee: \$25.00