

h20 000096502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

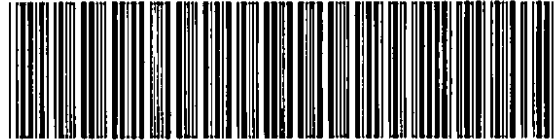
(Business Entity Name)

(Document Number)

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S.C.

COVER LETTER

**TO: Registration Section
Division of Corporations**

Vital Essence LLC

SUBJECT: _____
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:

Ulysses Marinakis

Name of Person

Vital Essence LLC

Firm/Company

12225 200TH ST S

Address

BOCA RATON, FL, 33498

City/State and Zip Code

vguardsamples@gmail.com

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

For further information concerning this matter, please call:

Ulysses Marinakis

561

350-8086

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 Address:

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

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END

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Vital Essence 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 4/3/2020 and assigned
Florida document number L20000096502.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12061 200TH ST S

BOCA RATON, FL

33498

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20423 ST RD 7 STE 336

BOCA RATON, FL

33498

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: Ulysses Marinakis

New Registered Office Address: 12225 200TH ST S

Enter Florida street address

BOCA RATON

City

Florida

33498

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	ULYSSES MARINAKIS	12225 200TH ST S.	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL	<input type="checkbox"/> Remove
		33498	<input type="checkbox"/> Change
MGR	JAMES MARINAKIS	12061 200TH ST S.	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL	<input type="checkbox"/> Remove
		33498	<input type="checkbox"/> Change
MGR	AHISHA MARINAKIS	118 AVOCADO RD	<input type="checkbox"/> Add
		Delray Beach, FL	<input checked="" type="checkbox"/> Remove
		33444	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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.

Signature of a member or authorized representative of a member

Mysses Marinakis
Typed or printed name of signee

the 90th day after the