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(Re	equestor's Name)	
(Ad	dress)	-
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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(-	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

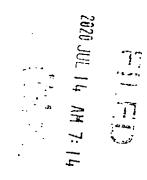
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AUG 2 6 2020 S. YOUNG

COVER LETTER

TO: Registration S Division of Co		. •	
	INFORMATION		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	RODRIGO ARAUJO MA	TOS	
		Name of Person	
	EMPORIUM VITAL LLC	:	
		Firm/Company	
	6537 HELMSLEY CIRCL	Æ	
		Address	
	WINDERMERE/FL - 347	86	
	rodrigoaraujomatos@gmail	City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
RODRIGO ARAUJO I	MATOS	786 6306509 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPORIUM VITAL LLC				• • • • • • • • • • • • • • • • • • • •
(Name of the Lim	ited Liability Compa	any as it now appears on c Liability Company)	our records.)	
	(A Piorida Cinned	maniny Company)		
e Articles of Organization for this Limited	Liability Company	were filed on 06/08/20	020	and assigned
orida document number L20000157251				· <u>-</u>
orida document number Education	<u> </u>			.F
is amendment is submitted to amend the fol	lowing:			
If amending name, enter the new name	of the limited liab	oility company here:		
/A				
ne new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design:	ation "LLC" or the	abbreviation "L.L.C."
		N/A		
Enter new principal offices address, if applicable:				
rincipal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
-4		6537 HELMSLEY C	IRCLE, WINDE	RMERF/FL - 34786
nter new mailing address, if applicable:				
<u> Iailing address MAY BE A POST OFFICI</u>	(BOX)			
. If amending the registered agent and/or	registered office	address on our record	ds, enter the na	me of the new regis
gent and/or the new registered office addr	C,			
Name of New Decistered Agents	N/A			
Name of New Registered Agent:				
New Registered Office Address:	N/A			
	<u>-</u>	Enter Florida st	reet address	
			, Florida _	
		City	, FIUTIUA _	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>	Address	Type of Action
AMBR	THAYS L. VILELA MATOS	6537 HELMSLEY CIRCLE, WINDERMERE/FL	= Add
		34786	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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E. Effecti (If an eff	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the recor	I 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 ed.
Dated	JULY 06 2020
, Jaiou	Ladrica Mosta
	Signature of a member of authorized representative of a member
	RODRIGO ARAUJO MATOS

Typed or printed name of signee