

L21000227784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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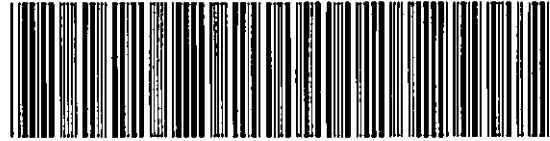
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOODVITA LLC
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:

Anna Iskender
Name of Person

Foodvita LLC
Firm/Company

7438 Chelsea Harbour Drive
Address

Orlando, FL 32829
City/State and Zip Code

annaiskender@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Iskender at (386) 405-5239
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

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

MAY 22 AM 7:11

FOODVITA 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 5/17/2021 and assigned
Florida document number L21000227784.

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:

7438 Chelsea Harbour Drive, Orlando, FL 32829

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

7438 Chelsea Harbour Drive, Orlando, FL 32829

(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 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Implementing 2 changes to the company FOODVITA LLC:

- 1) Changing the principal office address of the LLC to: 7438 Chelsea Harbour Drive, Orlando, FL 32829
- 2) Removing the manager and member Giacomo Monte from the company FOODVITA LLC. Please see attached written Notice of Withdrawal from Partnership.

2021 Sep 19 12:01 PM EDT

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 19 2021



Signature of a member or authorized representative of a member

Anna Iskender

Typed or printed name of signee

Notice of Withdrawal From Partnership

To: Partners of FOODVITA LLC ("The Remaining Partners")

From: GIACOMO MONTE

GIACOMO MONTE (hereinafter referred to as the "Withdrawing Partner") is a partner in FOODVITA LLC (hereinafter referred to as the "Partnership") established on the 5/17/2021. The Partnership was formed in accordance with Florida Articles of Organization.

The Withdrawing Partner desires to voluntarily withdraw from the Partnership. The date of the withdrawal will be 19 day of SEPTEMBER, 2021.

With this document, the Withdrawing Partner gives a notice of withdrawal in writing to the other partners. The Withdrawing Partner GIACOMO MONTE asks for no payments or any other obligations from FOODVITA LLC and its remaining partner ANNA ISLENDER.

GIACOMO MONTE

Withdrawing Partner's Name

[Handwritten Signature]

Withdrawing Partner's Signature

09/19/21

Date