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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT. H	RR Vitality Qu	est lur	
30D/EC1:	Name of Lim	ited Liability Company	
		•	
The england Add-1 C	4	· 10 (71)	
The enclosed Articles of	Amendment and tee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ema	unuelle Robles	
	- · · · · · · · · · · · · · · · · · · ·	Name of Person	 -
	### Nitality Quest BLC Firm/Company 1000 NW 1-5t Ave - Apt - 910 Address ##################################		
	MFE V	Fim/Comment	,
		runecompany	
	ion 1	UW 1St AVE AT	H-910
		Address	
	Mianzi	F101104 35136	
	E-mail address: (to be used for future annual report not	(ification)
For further information c			,
	<u>-</u>		
Emanuelle To	206les	at (305) 316 -	9135
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee ■	_	Des on Piller Per a	□ 040 00 PW P
™ \$25.00 rilling ree		_	
		(additional copy is enclosed)	Certified Copy
			(additional copy is eliclosed)
Mailing Addres	s:	Street Address:	
			ection
i uniunusee, i		TITOTAL 'NT CTA"	n outer, oute ord

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manny Pobles	LUC	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our rability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number 86 - 400 3672.	were filed on $\frac{05/2}{}$	$\frac{1}{2021}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
MRR VItality Quest L The new name must be distinguishable and contain the words "Limited Liabili	4C	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> N</u> A	2
(Principal office address MUST BE A STREET ADDRESS)	•	
Enter new mailing address, if applicable:	N/A	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		3:e1
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	ł	-
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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

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
			□Remove
			□ Add
			□Remove
			☐ Change
***			□Add
			□Remove
			□Change
			□Add
		<u> </u>	□Remove
		· · ·	Change
	· · · · · · · · · · · · · · · · · · ·		
		□Remove	
			□ Add
			□ Remove

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

(If an effective Note: If the	date, if other than the date of filing:
he record sp ord is filed.	becifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 24th 2024
	Signature of a member or authorized representative of a member Emanuelle Robles