

L22000003318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

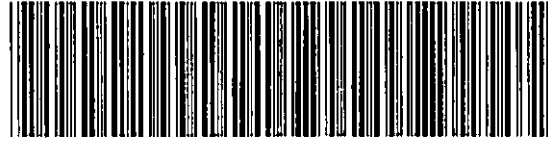
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900380067809
RECEIVED

JAN 24 2022

A. BUTLER

FEB - 2 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VITSOL 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:

Dwayne Harvey

Name of Person

VITSOL LLC

Firm/Company

7901 4th St, STE 300

Address

33702

City/State and Zip Code

mrdharvey@msn.com

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

For further information concerning this matter, please call:

Dwayne Harvey

Name of Person

at (786) 3001219

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

VITSOL LLC

The Articles of Organization for this Limited Liability Company were filed on 01/01/22 - 2022 and assigned Florida document number L22000003318.

NA

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Enter Florida street address

Florida

City

Zip Code

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>
AMBR	Patricia Richards	7901 4th St N STE 300	<input type="checkbox"/> Add
		St Petersburg,	<input checked="" type="checkbox"/> Remove
		FL. US 33702	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

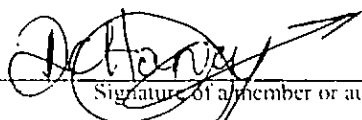
E. Effective date, if other than the date of filing: Immediately (optional)

(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 January 19, 2022



Signature of a member or authorized representative of a member

Dwayne Harvey

Typed or printed name of signer