## 122000003318

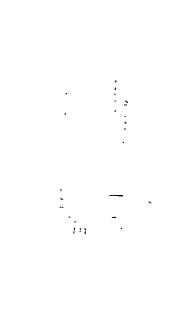
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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		-		
SUBJECT: VITSO	OLLIC		•		
SUBJECT: <u>V 41 O S</u>	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Dwayne Harv	ev			
		Name of Person			
	VITSOL LLC				
		Firm/Company	. <del></del>		
	7901 4th St, 9	STE 300			
	·-····································	Address			
	33702				
		City/State and Zip Code	<del></del> -		
	mrdharvey@n	ISN.COM to be used for future annual report notif	*		
		•	neation)		
For further information c	oncerning this matter, please co	μH;			
Dwayne Harvey		at (786 ) 3001219	)		
Name o	rt Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he 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 Addres		Street Address:			
Registration Section		Registration Sec			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee.	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITSOL LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we florida document number L22000003318.	ere filed on $\frac{01/01/22}{}$ - $\frac{1}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
NA	
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)	
-	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
_	
B. If amending the registered agent and/or registered office ado agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registere</u>
	<b>,</b>
Name of New Registered Agent:	****
New Registered Office Address:	Enter Florida street address
<del>/</del>	Florida

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 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>	Type of Action
AMBR	Patricia Richards	7901 4th St N STE 300	□Add
		St Petersburg,	<b>W</b> Remove
		FL. US 33702	□ Change
		····	□Add
			Remove
			, □Change
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ective date, if other than the date effective date is listed, the date must be:  If the date inserted in this block ument's effective date on the Department.	c does not meet the appli	cable statutory filing rec		
ord specifies a delayed effective d filed.	ate, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90t	h day after th
ad January 19	2022	<u> </u>		
Ad	tonos	horized representative of a		