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2022 JUN 24 PM 1: 01

COVER LETTER

Division of Corp	orations		
SUBJECT:	Olamic Vitalit	y,LLC	•
3000LC1	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Touncera	DiSMUKe S Name of Person	
	<u> </u>	mic Vitality, LL	<u>C</u>
	15017 No	1-16 Dale Mahr Address	4 Hwy #1004
	Tampa	FL 33.018 City/State and Zip Code CV+Q1+4 @ 9mc to be used for future annual report no	
	Olamic E-mail address: (0	CVHAITY @GMC	tification)
For further information co	oncerning this matter, please ca	all:	
Tamara T Name of	Dismukes Person	at (<u>352</u>) <u>584</u> Area Code Dayti	1-4104 me Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fec	☐ \$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	:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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

FILED

Olamic Vitali	+4116	2022 JUN 24 PM 1:09
(Name of the Limited Liability Comp.	any as it now appears	on our records.
The Articles of Organization for this Limited Liability Company	wwere filed on $\underline{\mathcal{M}}$	and assigned
Florida document number <u>L 22 000 22 9 63</u> .7		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	signation "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	address on our rec	cords, 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 Floric	la street address
		P1-23-
	City	Florida
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of n provided for in Cl	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	James Dismukes		□ Add
		18110 Leanington Ln Lando Lates, FL 34638	XRemove
			□Change
			□Add
			□Remove
			Change
MGR	Tamera Dismukes	18110 Learnington Ln. Land or lakes, FL344	XAdd
			⊡Remove
			□Change
			□Remove
			□Add
			□ Remove
			□ Add
			□Remove
			□Change

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an effective <u>ote:</u> If th	late, if other than the date of filing:	ing.) Purs	aunt to 60: not be list	5.0207 (ted as t
record spo	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90t	h day afte	er the
nted	June 21 , 2022.			
	49			
-	Signature of a member or authorized representative of a member			
	Tamara Dismukes			