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COVER LETTER

TO:

Registration Section

Division of Co	rporations						
	Y NATURAL GROUP LLC						
SUBJECT:	Name of Lim	Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	condence concerning this matter	to the following:					
	CARLOS J BARBOSA						
		Name of Person					
	MATRIX INTERNATION	AL BUSINESS CONSULTING					
	 	Firm/Company					
	759 SW FEDERAL HIGH	WAY SUITE 304					
		Address					
	STUART, FLORIDA, 34994						
		City/State and Zip Code					
	INFO@MATRIX-USA.US		· M				
		to be used for fature annual report not	medion)				
For further information	concerning this matter, please c	all:					
CARLOS J BARBOSA		561 3294701 at ()					
Name	of Person	Area Code Daytin	ne 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 Addn Registration Division of		Street Address: Registration Se Division of Co					
P.O. Box 63	27	The Centre of	Tallahassee				
Tallahassee,	.FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITALITY NATURAL GROUP 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 $\frac{06'10/2022}{1}$ and assigned Florida document number 1.22000266071 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 "LLC." 759 SW FEDERAL HIGHWAY SUITE 304 Enter new principal offices address, if applicable: STUART, FLORIDA, 34994 (Principal office address MUST BE A STREET ADDRESS) 759 SW FEDERAL HIGHWAY SUITE 304 Enter new mailing address, if applicable: STUART, FLORIDA, 34994 (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

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.

New Registered Agent's Signature, if changing Registered Agent:

City

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>Fitte</u>	Nam <u>e</u>	Address	Type of Action
MBR	ARANGUREN ANDRADE. VANESSA S	2921 LISAGE WAY	DAdd
***-		SH.VER SPRING, MD 20904	
MBR	MARTINEZ MARTINEZ, NAZARET JUNIOR	759 SW FEDERAL HIGHWAY SUITE 304	
		STUART, FLORIDA, 34994	□Remove
			□ Change
			🗀 Add
			□Remove
			□ Change
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ffective date, if other than the fan effective date is listed, the date must Sore: If the date inserted in this blocument's effective date on the De	be specific and car ock does not mee	mot be prior to d I the applicable	ate of filing or more stututory filing re	(optiona than 90 days after filir quicements, this da	ig.) Pursuant to 605.0207 (
record specifies a delayed effective d is filed.	date, but not an	effective time.	at 12:01 a.m. on t	he carlier of: (b)	The 90th day after the
6TH OCTOBER		1022			