

L22000266071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

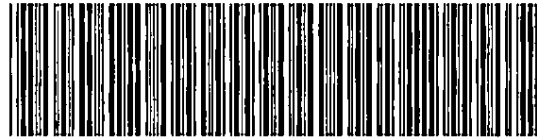
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JANUARY 9 2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VITALITY NATURAL GROUP 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:

CARLOS J BARBOSA  
Name of Person

MATRIX INTERNATIONAL BUSINESS CONSULTING  
Firm/Company

759 SW FEDERAL HIGHWAY SUITE 304  
Address

STUART, FLORIDA, 34994  
City/State and Zip Code

INFO@MATRIX-USA.US  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS J BARBOSA 561 3294701  
Name of Person at ( ) 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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	ARANGUREN ANDRADE, VANESSA S	2921 LISAGE WAY	<input type="checkbox"/> Add
		SILVER SPRING, MD 20904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARTINEZ MARTINEZ, NAZARET JUNIOR	759 SW FEDERAL HIGHWAY SUITE 304	<input checked="" type="checkbox"/> Add
		STUART, FLORIDA, 34994	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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.

Dated 6TH OCTOBER 2022

Typed or printed name of signer