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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vitalis Beauty Institute 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:

Thao Le
Name of Person

Vitalis Beauty Institute LLC
Firm/Company

4559 Gunn Hwy
Address

Tampa FL 33624
City/State and Zip Code

workorder85@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thao Le at (813) 444 2997
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

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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 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 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>
MGR	Patsalos, Marie	1643 Lynsfield CT	<input type="checkbox"/> Add
		Land O Lakes, FL 34637	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alexandra Patsalos	1643 Lynsfield CT	<input checked="" type="checkbox"/> Add
		Land O Lakes, FL 34637	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Name was filed Incorrect. Just need
to correct the Name.

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E. Effective date, if other than the date of filing: _____ (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 October 10th, 2022.



Signature of a member or authorized representative of a member

Thao Le

Typed or printed name of signee