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2022 OCT -6 PM 4: 24 SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations	
SUBJECT: Vitalis Beauty Institute LLC Name of Limited Ciability 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	
4559 GUN HWY Address	
Tampa FL 33624  City/State and Zip Code	
Workonder 85@ gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	ا استانته
F-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Theo Le at (8/3) /// 2 997 55	ar yan
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} \te	
Mailing Address:  Registration Section  Street Address:  Registration Section	

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

TO:

Registration Section

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**

Vitalis Beauty (Name of the Limited Liability Company (A Florida Limited Lia	Tastitute LLC (as Il now appears on our records.)  bility Company)
The Articles of Organization for this Limited Liability Company w  Florida document number	where filed on $09/06/2022$ and assigned $0.5$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
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)	NA SE
Enter new mailing address, if applicable:	WASSES TO
(Mailing address MAY BE A POST OFFICE BOX)	1 2 2 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	NH NH
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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 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 **Address Type of Action** Name MGR Patsalos, Marie 1643 Lynsfield CT DAD Land O Lakes, F/34637 Decemove \_\_\_\_\_ Change MGR Alexandra Patsalos 1643 Lynsfield CT XANDE Land O Lakes, F/ 34637 = Remove \_\_\_\_\_ Change Remove \_\_\_\_\_ Change \_\_\_\_\_ □Change

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