122000415235

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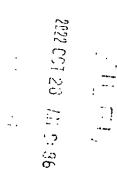
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COVER LETTER

FO: Registration Section . Division of Corporations
SUBJECT: VITA Bella 34219, 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:
Rachele Morcato
Vita Bella 34219, LLC
5281 694n St E. # 180
Palmetto F1 34221
City/State and Zip Code Nouse Keeping 101f (@gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rachele Moscato at 732 245-2578 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vita	, Della 94219, LC					
(Name of the Limited	d 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 9/32/2022 and assigned Florida document number 122000415335						
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of t	the limited liability company here:					
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."					
Enter new principal offices address, if applical	able:					
(Principal office address MUST BE A STREET	T ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE Bo	<u>30X)</u>					
B. If amending the registered agent and/or reg agent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new register</u> s here:					
Name of New Registered Agent:	Rachele Moscato					
New Registered Office Address:	5281 69th St E #180					
	Palmetto Florida 34221					
New Registered Agent's Signature, if changing Re	City Zip Gode					
provisions of all statutes relative to the proper accept the obligations of my position as registe	d agent and agree to act in this capacity. I further agree to comply with the rand complete performance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove

Change

	I am the registered agent for
_	
_	Housekeeping 101, UC
-	Document # 122000300522
_	
_	I am requesting to be added
	as the registered acent of my
_	New business Vita Bella 34219 LLC
_	Document # 122 000 415235
-	- CULIVIEW 1 LAD OU TIS ONS
-	
-	I accept the responsibility and
_	appointment of registered agent
	Ax Vita Bella 34219, UC
_	
_	
-	
-	
_	
	ive date, if other than the date of filing: $10/35/3032$ (optional)
Effect	ive date, if other than the date of filing: (optional) ective 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 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
he recor	d 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
ord is fi	led.
	10/25/ 2022.
Dated	10/2/
	& new Cato
	Signature of a member or authorized representative of a member