## L29000409833

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## **COVER LETTER**

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con me	Vitoritt Res	toration and Design LLC			
SUBJEC	1:	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please reti	urn all correspo	ndence concerning this matter	to the following:		
		Brian Vitoritt			
			Name of Person	<del></del>	
		Vitoritt Restoration and De	esign LLC.		
			Firm/Company		
		8021 Bayhaven Dr			
			Address		
		Seminole FL. 33776			
			City/State and Zip Code		<del></del>
		vitresdes@yahoo.com			
For furthe	r information c	e-man address: () oncerning this matter, please ca	to be used for future annual repail:	ort notification)	
Brian Vite			703 231-5	5620	
	Name o	f Person	Area Code	Daytime Telepho	ne Number
Enclosed	is a check for tl	ne following amount:			
<b>\$25.0</b>	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

2023 SEP 27 PH 12: 48 Vitoritt Restoration and Design 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 August 28,2023 and assigned Florida document number <u>L23000402833</u> 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Brian Vitoritt Name of New Registered Agent: 8021 Bayhaven Dr New Registered Office Address: Enter Florida street address Seminole

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

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.

Cin

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>	Type of Action
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		Seminole Fl. 33776	<b>=</b> Remove
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ument's effective date on the D	epartment of	State's record	S.			
cord specifies a delayed effectiv s filed.	e date, but no	ot an effective	time, at 12:01 a	m. on the earlie	of: (b) The 90th	i day after th
, September 22		2023				
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Typed or printed name of signee