## L23000402833

(Req	uestor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Office Use Only



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LLC Amend

10/19/23--01011--009 ++25.00



A. RAMSEY OCT 27 2023

## **COVER LETTER**

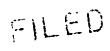
Registration Section

Division of Corporations

TO:

SUBJECT:	Vitoritt Restoration and Design LLC.				
Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Brian Vitoritt			
			Name of Person		
		Vitoritt Restoration and De	esign LLC.		
			Name of Limited Liability Company  ee(s) are submitted for filing.  g this matter to the following:  Name of Person  ation and Design LLC.  Firm/Company  n Dr.  Address  3776  City/State and Zip Code  20.com  mail address: (to be used for future annual report notification)  tter, please call:  at (  Area Code   Daytime Telephone Number    nt:  g Fee & S55.00 Filing Fee & S60.00 Filing Fee,  of Status   Certified Copy (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations  The Centre of Tallathassee		
		8021 Bayhaven Dr.			
			Address		
		Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  Brian Vitoritt  Name of Person  Vitoritt Restoration and Design LLC.  Firm/Company  8021 Bayhaven Dr.  Address  Seminole Fl. 33776  City/State and Zip Code  vitresdes@yahoo.com  F-mail address: (to be used for future annual report notification)  in concerning this matter, please call:  at (703 / Ara Code)  Daytime Telephone Number  or the following amount:  S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Fress:  in Section  Registration Section  F Corporations  3227  The Centre of Tallahassee  c, FL 32314  2415 N. Monroe Street, Suite 810			
			City/State and Zip Code	·	
		E-mail address: (	to be used for future annual report noti	fication)	
For further i	nformation c	oncerning this matter, please co	all:		
Brian Vitori	tt				
	Name o	f Person		e Telephone Number	
Enclosed is	a check for tl	ne following amount:			
■ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Re Di P.(	D. Box 632	Section orporations 7	Registration Se Division of Con The Centre of 1	rporations Fallahassee be Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Vitoritt Restoration and Design LLC.

2023 OCT 19 PM 12 31

(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 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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> Fitle</u>	Name	Address	Type of Action
AR	Brian Vitoritt	8021 Bayhaven Dr.	<b>=</b> Add
		Seminole Fl. 33776	
			□ Change
A			□Add
			□Remove
			Change
			□ Add
			□Remove
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			□Add
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ffective date, if o	ther than the da	te of filing:	October 16,20			(optional)	
lote: If the date in	sted, the date must be serted in this block e date on the Depa	does not me	et the applicat	date of filing or ole statutory fili	nore than 90 day ng requiremen	s after filing.) Puts, this date wil	rsuant to 605.0207 I not be listed as
record specifies a c	delayed effective d	ate, but not a	n effective tim	e, at 12:01 a.m	on the earlier	of: (b) The 90	Oth day after the
ated			2023	_•			
_	2 7/1	$\overline{}$	)				

Typed or printed name of signee