L23000408377

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COVER LETTER

TO: Registration S Division of Co				
Vita Essen	ce, LLC			
SUBJECT:	Name of Lim	ited Liability Company		_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Bonnie Hart			
		Name of Person		
	Vita Essence, LLC			
		Firm/Company		
	30025 Alicia Parkway #13	0		
		Address		
	Laguna Niguel, CA 92677			23 OC
	bonniehart44@gmail.com	City/State and Zip Code		2023 OCT 2°(AH 9: 47 SECRETARY OF STATE TALLAHASSEE, FL
		to be used for future annual	report notification)	- SEE A
For further information of	concerning this matter, please c	all:		STATI
Bonnie Hart		949 20 at ()	1-6887	7
Name o	of Person	Area Code	Daytime Telephone Nu	imber
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Cert closed) Certi	00 Filing Fee, ifficate of Status & iffied Copy tional copy is enclosed)
<u>Mailing Addre</u> Registration Division of O	Section Corporations	Divisio	ation Section on of Corporations	
P.O. Box 632	27	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

vita Essence, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000408377</u> .	were filed on 8/30/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lite Company "the decimation "I I C"	shookhanistian "L.L.C."
ne new name must be distinguishable and contain the words. Ellinted Liabil	3850 Oaks Club Dr. #509	The abbreviation 12.12.C.
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 33069	
		SH 200
inter new mailing address, if applicable:	3850 Oaks Club Dr. #509	ZZZZZ OCT Z
Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach, FL 33069	AS.
	•	而分 全 间
		9. 9. F.
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new registe
Name of New Registered Agent:		. <u></u> .
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	City	Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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