Division of Corporations

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Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VITA USA LLC

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Page Count	06
Estimated Charge	\$55.00



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COVER LETTER

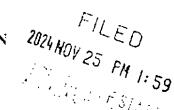
SA LLC		
Name of Limit	ted Liability Company	
of Amendment and fee(s) are subm	nuted for filing	
pondence concerning this matter t	o the following:	
Mike Town		
	Name of Person	
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Austin, TX 78717		
sitausa lle@gmail.com	City/State and Zip Code	
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Talfahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VITA USA 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 $\frac{12/20/2023}{m}$ and assigned Florida document number 1.23000558542 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 "LLC" 8835 FALLEN OAK DR Enter new principal offices address, if applicable: DAVENPORT, FL 33896 (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 _. Florida _ Cin

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 heing 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					
<u>Title</u>	Name	Address	Type of Action		
			□ Add		
			☐ Remove		
			Change		
			□ Add		
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To:	•	• .	Page: 26 of 51	2024-11-24 12:39:56 PST	13236068205	From: Rajiv Srivastavi

			 	
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on effective date is listed, the date in ote: If the date inserted in this	the date of filing:	o date of filing or more than to ble statutory filing require	(optional) Ordays after filing) Presume to 605/02 ements, this date will not be listed.	207 (218 (
record specifies a delay The 90th day after the r		an effective time, a	: 12:01 a.m. on the earlier	of:
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/S/ Jose S. Corr	वा			

Page 3 of 3

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