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05/13/24 -01011--029 **25.99

COVER LETTER

Name of Limited Liability Company The enclosed Articles of Amendment and lee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Oscar Vila Name of Person	
Please return all correspondence concerning this matter to the following: Oscar Vila	
Please return all correspondence concerning this matter to the following: Oscar Vila	
Oscar Vila	
Name of Person	
Vila, Padron & Diaz, P.A.	
Firm Company 201 Alhambra Circle Suite 702	
Address	
Coral Gables, FL 33134	
City/Stnte and Zip Code	
abestard@vpdla	W.COM,
For further information concerning this matter, please call:	
On 1/1	
at (_305)_	461-4888 Daytime Telephone Number
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITALTECH GLOBAL, LLC		
(Name of the Limited Llabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 01/11/2024	and assigned
Florida document number L24000025543		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	he abbresiation "E.L.C."
Enter new principal offices address, if applicable:		夏田
(Principal office address MUST BE A STREET ADDR	RESS)	3 元
		Fig. 3 5
	-	Pio 💂
Enter new mailing address, if applicable:		1. 65
(Mailing address MAY BE A POST OFFICE BOX)		3.2
B. If amending the registered agent and/or registered	office address on our records, enter the n	ame 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	
	City	Zin 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

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
AP	Francisco Alexander Nivar	11401 SW 40th Street, Suite 318, Miami, FL 33165	
			□Remove
			🗆 Change
			□Add
			□Remove
			DChange
			DAdd
	_		□Remove
			_ 🗆 Change
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led	record specifies a delayed effective date is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	ated May 7th.	2024
Signature of a member or authorized representative of a member	Signat	ture of a member or authorized representative of a member
Francisco Alexander Nivar	Francisco Alexander Nivar	

Filing Fee: \$25.00