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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BERGER-SINGERMAN-LLP-MIAMI

Account Number : I2009000005 Phone : (305)755-9500 : (305)714-4340 Fax Number

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

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VITA PRIVATA, LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			<b>*</b> :
#	**		
		VITA PRIVATA, LLC	
		(Same of the Limited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.)
		· ·	
he Articles	of Organization	or this Limited Liability Company were filed on	May 29, 2024 and assigned
	nent number		
ionaa aocan	ijejii ildilibel	· · · · · · · · · · · · · · · · · · ·	
his amendm	ent is submitted	to amend the following:	
. If amend	ing name, <u>enter</u>	the new name of the limited lighility company	y here:
	•		(D)
he new name n	nust be distinguishe	ele and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
inter new pi	rincipal offices	ddress, if applicable:	
Principal off	fice address ML	ST BE A STREET ADDRESS)	
			· · · · · · · · · · · · · · · · · · ·
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			ب د.
inter new m	ailing address.	f applicable:	
Malling add	ress MAY BE A	POST OFFICE BOX)	
, ,			
. If amendi	ing the register	d agent and/or registered office address on ou	ir records, enter the name of the new registers
gent and/or	the new registe	red office address here:	
Nan	ne of New Regis	ered Agent	
Mail	ic di Ivew (Cegia	ered Agent.	
New	Registered Off		
		Enter	Florida street address
			, Florida
		City	Zip Code
ew Register	ed Agent's Signs	ure, if changing Registered Agent:	
			the contract of the state of
hereby acci	ept the appoint	nent as registered agent and agree to act in ti ative to the proper and complete performance	his capacity. I further agree to comply with th

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

1, 00

## H24000204498 3

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
MGR	Wallace Roderick Palon	50 Biscayne Blvd. #4802	
		Miami, FL 33132	🖸 Remove
AMBR	Anne Marie Palon	1800 S. Ocean Drive, #3210	□Add
		Hallandale Beach, Florida 33009-4478	■Remove
			Change
			□ Remove
	•		Change
		_	□Add
			□ Remove
			□ Change
		_	🗖 Add
			□Remove
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			🗖 Add
			□Rеточе
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If amendi	ng any other informs	tion, enter change(s) l	here: (Attach	additional sheets, ij	necessary.)	
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		<del>-</del>	<del></del>		·- <del></del>	<del>-</del>
			<del></del>			·
Note: If the	date, if other than the vo date is listed, the date must he date inserted in this blacked in the Date on the Date of the Date	ock does not meet the ap	oplicable statuto:	ng or more than 90 days ry filing requirement	optional) safter filing.) Pursuant s, this date will not b	to 605.0207 (3 e listed as th
ie record sp ord is filed.	ecifies a delayed effectiv	e date, but not an effecti	ve time, at 12:0	l a.m. on the earlier	of: (b) The 90th day	y after the
Dated	June 11	, 2024	·			
		/s/ Wallace Roderi Signature of a member or	ick Palon authorized repres	entative of a member		
		Wallace Roderic		-		
			printed name of si	gnee.		