P21000045034

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VITAL INVESTMENTS GROW	ip corp
DOCUMENT NUMBER: <u>P21000045034</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
NELSON SANTOS Name of Contact Person VITAL TRUSTMENTS G Firm/ Company 1/01 Milhanda LN STE Address KISSIMMEE FL 347 City/ State and Zip Code CLESTOMER SERVICE VITA RENALT E-mail address: (to be used for future annual report in	127-
For further information concerning this matter, please call:	
Nelson Santos at 47 Name of Contact Person Area Cod) 791-9906 le & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Depart	rtment of State:
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}\$\$ Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division of Corporations Division P.O. Box 6327 The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WITH INVESTMENTS CR	sup corp. filed with the Florida Dept. of State)
(Name of Corporation as currently	filed with the Florida Dept. of State)
	/
P3/000045034	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
O' . AM B	in and American
Signature of New Re	gistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

	ticles, enter change(s) here: (Be specific)
	
	hange, reclassification, or cancellation of issued shares,
	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	

.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	:	
<u>Х</u> Rетоve	<u>V</u>	Mike Jon	<u>es</u>	
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title	1	Name	<u>Addres</u> s
1) Change	<u>D</u>		Daniel Santus	4371 SUMMER BREEZE WOO KISSIMMEE, FL 34744
X Add				7 04 144
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change		 .		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		 .		
Add				
Remove				

The date of each amendment(s) adopti	on:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirements, this danent of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder acti	on and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(ent for approval.	(s)
	d by the shareholders through voting groups. The following statem voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	<u>,"</u>	
,	(voting group)	
Dated 1117	1,2	
Signature N_{Q}	Ison Sonlind	
(By a directo	or, president or other officer - if directors or officers have not been	
	an incorporator - if in the hands of a receiver, trustee, or other cou	π
appointed to	duciary by that fiduciary)	
	NE SON SANTOS	·
	(Typed or printed name of person signing)	
·	President	
	(Title of person signing)	