Florida Department of Stage

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(((H22000262429 3)))



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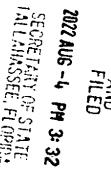
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COVER LETTER

ction porations				
VIDA MAXIMA	ACCOUNTING LLC			
Name of Lim	ited Liability Company			
Amendment and fcc(s) are sub-	mitted for filing.			
ondence concerning this matter	to the following:			
LOVETTE DOBSON				
	Name of Person			
<u> </u>	Firm/Company			
17350 STATE HWY 249,				
	Address			
HOUSTON, TX 77064				
	City/State and Zip Code			
		report notification)		
		,		
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f Person	Area Code	Daytime Telephone Number		
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☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &		
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27 FL 32314		ntre of Tallahassee . Monroe Street, Suite 810		
	Porations VIDA MAXIMA Name of Lim Amendment and fee(s) are subsolutence concerning this matter LOVETTE DOBSON 17350 STATE HWY 249, HOUSTON, TX 77064 EFILE1234@INCFILE.CO E-mail address: (concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter. Please concerning this please concerning this matter. Please concerning this matter. Please concerning this please concerni	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: LOVETTE DOBSON Firm/Company		

Tallahassee, FL 32303

(((H22000262429 3)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIDA MAXIMA ACCOUNTING LLC

(Nume of the Limited Liab (A Flor	pility Company as it now appear ida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Florida document number		06/07/2022	and	d assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :			
The new name must be distinguishable and contain the words "l.	limited Liability Company," the de	esignation "LLC" or the	e abbreviatio	n "L.L.C."	-
Enter new principal offices address, if applicable:					-
(Principal office address MUST BE A STREET AD	DRESS)				-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registeragent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	red office address on our re		ame of the SECRETAR	new register	ered
	Enter Flor	ida street address	70	3 0 E	;?} }
	City	, Florida	253m	\$	5
New Registered Agent's Signature, if changing Registe	-			ည် လ	
I hereby accept the appointment as registered age, provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	nt and agree to act in this of d complete performance of l agent as provided for in C ered office address, I hereb	my duties, and La Thapter 605, F.S. (m familia Dr. if this	r with and document is	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000262429 3)

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RENATA R RIZZUTO	320 REFLECTIONS CIRCLE 305	🗆 Add
		CASSELBERY, FL 32707	≅Remove
			Change
MGR	ALEXANDRE SARAIVA PINHEIRO	1713 VILLAGE LANE, SUITE 131	= Add
		WINTER PARK, FLORIDA, 32792	Remove
			□Change
			□Add
			□Remove
			☐Change
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Tective date, if other than the in offective date is listed, the date mu.	date of filing:	L f L L gt 25.55	(option	nal)
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ocument's effective date on the D	epartment of State's is	ecords.		
record specifies a delayed effective is filed.	e date, but not an eife	ctive time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
AUGUST 4th nted	2022			
Catia Luan	· · · · · · · · · · · · · · · · · · ·	·		
() I=	/: ·) /			

Filing Fee: \$25.00

Typed or printed name of signee