L05000039172

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone #)	
	WAIT	MAIL
(Bu	isiness Entity Name)	
(Dc	ocument Number)	
ertified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



11/13/24--01012--027 ++25.00

FILED 2024 NOV 13 PH 4: 02 TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section
	Division of Corporations

VIVENTA, L.L.C.

SUBJECT: _____

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Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA AMEZQUITA

Name of Person

VIVENTA, L.L.C.

Firm/Company

300 ARAGON AVENUE, SUITE 265

Address

CORAL GABLES, FL 33134

City/State and Zip Code

GlassbergLaw@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 David M. Glassberg, Esquire
 305
 669-9535

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

🗐 \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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

FILED 2024 NOV 13 PH 4:02

TALLAHASSEE FLORIDA VIVENTA, L.L.C. VIVENTA, L.L.C. (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 04/21/2005 __________ and assigned Florida document number L05000039172 ____________ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address, if applicable: (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:	SANDRA AMEZQUITA		
New Registered Office Address:	300 ARAGON AVENUE, SUITE 265 Enter Florida street address		
	CORAL GABLES	, Florida <u>33134</u> Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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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.

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If Changing Registered Agent	Signature of New	Registert	d Agent

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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

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<u>Title</u>	Name	Address	Type of Action
			🖸 Add
			Change
MGR	SANDRA AMEZQUITA	300 ARAGON AVENUE, SUITE 265	🗏 Add
		CORAL GABLES, FL 33134	🛛 Remove
			Change
AMBR	VIVENTA INTERNATIONAL GROUP, S.L.	c/o ANDY-CHRISTIAN ALTENA	■Add
		300 ARAGON AVENUE, SUITE 265	🖸 Remove
		CORAL GABLES, FL 33134	□ Change
MGR	ANDY-CHRISTIAN ALTENA	300 ARAGON AVENUE, SUITE 265	🖬 Add
		CORAL GABLES, FL 33134	
			🗋 Change
			🗆 Add
		·	🗆 Remove
			□Change
			🗆 Add
			🗋 Remove

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Note: If the date in	isted, the date must be s serted in this block (e of filing:	date of filing or more than 9 le statutory filing require	(optional) 0 days after filing.) Po ements, this date wil	arsuant to 605.0207 (Il not be listed as t	3)(b) he
If the record specifies a record is filed.	delayed effective dat	e, but not an effective tim	c, at 12:01 a.m. on the ca	rlicr of: (b) The 9	10th day after the	
Dated August	31	2024				
	Sigr	uture of a member or author	ized representative of a men	nber		
A KUNY	CHRISTIAN ALTE	'N'A				
		Typed or printed	name of signer			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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