

L11000031602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

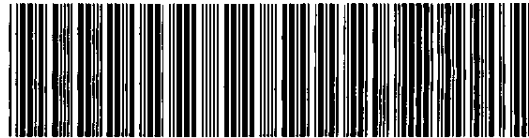
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/21/11--01008--010 **25.00

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2011 OCT 21 PM 12:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

C. LEWIS

OCT 24 2011

EXAMINER

TO WHOM IT MAY CONCERN:

I (Rosa Ventura) am adding Ricardo Larios to the Articles of Amendment for Vidah LLC AKA Vidah Beauty and Wellness.

My daytime number is 352-857.2505 . Address: send to Vidah 2133 S.E fort King Street, Ocala, Florida 34471

Thank you in advance for your cooperation.

Respectfully,

A handwritten signature in black ink, appearing to be 'Rosa Ventura', with a long horizontal flourish extending to the right.

Rosa Ventura

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIDA H LLC
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:

VIDA H LLC Rosa Ventura
Name of Person

VIDA H Beauty and Wellness
Firm/Company

2133 SE Fort King St
Address

Ocala Florida 34471
City/State and Zip Code

ENERVIDA H@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Ventura at 321 851-2505
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

VidaH LLC

2011 OCT 21 PM 12:59

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3-15-11 and assigned
Florida document number L110000031602.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NA

Enter new 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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

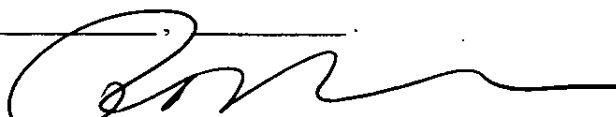
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ricardo Larios	2133 SE Fort King St Ocala FL 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

Rosa Ventura

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 21 PM 2:53

FILED