

211000048982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

JUN - 3 2010

EXAMINER

Office Use Only



500208197985

06/02/11--01015--003 **25.00

FILED
2011 JUN -2 PM 4:05
SIXTH FLOOR
TALLAHASSEE, FL 32310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTON VIDA, 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:

THOMAS PARKER, Esq.

Name of Person

90 TUUCI

Firm/Company

2900 NW 35 ST

Address

MIAMI, FL 33142

City/State and Zip Code

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

For further information concerning this matter, please call:

THOMAS PARKER, Esq. at (305) 586 2100

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

2011 JUN -2 PM 4:06
TALLAHASSEE, FL 32301

FILED

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

WESTON UIDA, LLC

(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 April 25, 2011 and assigned Florida document number L11000048982

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
JUN - 2 PM 4:06
CLERK OF CIRCUIT COURT
JANUARY 2011

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

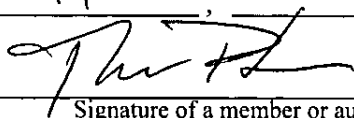
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	REBECCA PETERS	114 DOCKSIDE CIRCLE WESTON FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANDREA RIFFLE	440 SABAL WAY WESTON FL 33326	<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

FILED
JUN 28 PM 4:28
ALLIANCE

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

Dated 5.27.11



Signature of a member or authorized representative of a member

THOMAS PANKAR

Typed or printed name of signee