

L11000048982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

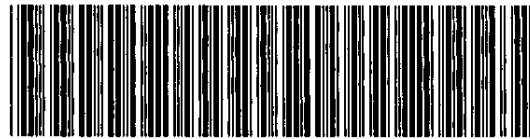
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 AUG - 7 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. gan AUG - 8 2012

August 2, 2012

Florida Dept. of State

Division of Corporations

RE: WESTON VIDA, LLC

To Whom It May Concern:

Enclosed please find Amendment to change principal and mailing address for Weston Vida, LLC.
Document No. L11000048982.

My daytime telephone number is 954-385-6854 or 305-502-9348. My return address is:

Weston Vida, LLC
304 Indian Trace, #292

Weston, FL 33326

Regards,

A handwritten signature in cursive script, appearing to read "Rebecca Peters".

Rebecca Peters

Weston Vida

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:

Rebecca Peters
Name of Person

Weston Vida
Firm/Company

304 Indian Trace, #292
Address

Weston, FL 33326
City/State and Zip Code

Rebecca @ Westonvida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Peters at (954) 385-6854
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

12 AUG -7 PM 12: PM

Weston Vida, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 4/25/2011 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)

304 Indian Trace

292

Weston, FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

304 Indian Trace

292

Weston, FL 33326

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 2, 2012

Rebecca Peters

Signature of a member or authorized representative of a member

Rebecca Peters

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA