

6/3/2013 12:23:48 PM From: 850 617 6383

Division of Corporations

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L130000 33743

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VIDA GLOBAL LLC

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JUN 04 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIDA GLOBAL 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:

VIVIANA ZOCCO

Name of Person

VIDA GLOBAL LLC

Firm/Company

175 SW 7th Street, unit 2006

Address

MIAMI, FLORIDA, 33130

City/State and Zip Code

im.usa@iginasa.com

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

For further information concerning this matter, please call:

ALVARO VALVIDARES

Name of Person

305 320 3874

at

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 &
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(additional copy is enclosed)

☒ \$60.00 Filing Fee,
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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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VIDA GLOBAL 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 March, 5 2013 and assigned
Florida document number L1300033743

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)

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

City, Florida 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

Title	Name	Address	Type of Action
MGR	ZOCCO, VIVIANA	Humboldt N° 1550, Piso 6to. 601,	<input checked="" type="checkbox"/> Add
		C1414CTN, Ciudad de Buenos Aires, Argentina	<input type="checkbox"/> Remove
MGR	IGMASA MANAGEMENT SPAR	175 SW 7th Street, unit 2006	<input type="checkbox"/> Add
		33130, MIAMI, FLORIDA, USA	<input checked="" type="checkbox"/> Remove
MGRM	INVERSIONES VIDA GLOBAL I	CALLE MALLORCA 245, 7-2, CF 08008	<input type="checkbox"/> Add
		BARCELONA, SPAIN	<input checked="" 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 May, 29th

2015

Signature of a member or authorized representative of a member

Ms. Viviana Zocco

Typed or printed name of signer

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Filing Fee: \$25.00

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