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(Business Entity Name)
(Document Number)
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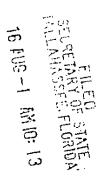
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## COVER LETTER!

то:	Registration Se Division of Cor		•	÷		
out name	VIDA GLC	OBAL LLC		*	•	
SUBJEC	::T:	Name of Lin	nited Liability Company	• •		
			.*			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		الماران والمستوارة والمعالمة	:
Please re	eturn all correspo	indence concerning this matter	to the following:			•
		STEPHANIE BESTULIC				
			Name of Person		•	
		CEBALLOS CEBALLOS	BESTULICH & PADRON, LI	.Ċ		
			Firm/Company		**	
		890 S. DIXIE HWY		•	•	8
			Address	····	46	AUG-!
		CORAL GABLES, FL 33	3146		*	
		SBESTULICH@CCBP-CT	City/State and Zip Code PAS.COM to be used for future annual report i	•	·	
For furth	er information e	n-man address: ( oncerning this matter, please c	•	nonneallon)		
STEPHA	ANIE BESTULI	СН	305 · 381-0825	i,	,	
	Name o	f Person		time Telepho	one Number	
Enclosed	I is a check for th	ne 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 Sta Certified Copy (additional copy is er	itus &
	Registr Divisio P.O. Be	ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction ' porations g Center Circ		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIDA GLOBAL LLC	•	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ls.</u> ) .
The Articles of Organization for this Limited Liability Co	omparty were filed on 3/5/2013	and assigned
Florida document number 1.13000033743	<del>_</del> ·	•
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR.	ESS)	1 62
	•	
		3 7
		<b>中</b> 第
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
		!
	•	<u>.</u>
B. If amending the registered agent and/or regist	ered office address on our record	s, enter the name of the ne
registered agent and/or the new registered office addr	ess here:	•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	· · ·
	FI.	orida
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EMILSE ANDICOECHEA	AV. GAONA 2973. 4B	
		BUENOS AIRES C1416DSE, AR	Remove
MGR	HERNAN MARCELO FERRARO	COSTA RICA 5639	▶ □ Change
		CAPITAL FEDERAL, ARGENTINA	- Remove
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Filing Fee: \$25.00