

L13000 133849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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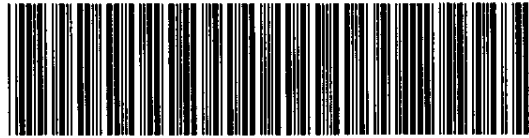
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 8 8 11 AM '14

J. Stivers JAN 10 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **VIDA MD 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:

MARISSA SCHWARTZ

Name of Person

VIDA MD LLC

Firm/Company

6141 SUNSET DRIVE STE 301

Address

MIAMI FL 33143

City/State and Zip Code

mschwartz@vidaMD.com

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

For further information concerning this matter, please call:

MARISSA SCHWARTZ

Name of Person

at **305 213 - 6092**

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

VIDA MD 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 SEPTEMBER 23, 2013 and assigned Florida document number L13000133849

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6141 Sunset Drive
Suite 503
Miami, FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6141 Sunset Drive
Suite 503
Miami, FL 33143

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 609, 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

MGR = Manager
MGRM = Managing Member

MGRM HOWARD I SCHWARTZ

MIAMI FL 33143

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Page 2 of 3

TALLAHASSEE, FLORIDA

FILED

14 JAN -8 AM 11:40

RECORDS & CLERK
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

Page 3 of 3

Typed or printed name of signer

HOWARD I SCHWARTZ

Signature of a member or authorized representative of a member

1628

Dated

November 25, 2013

SIGN
DATE

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