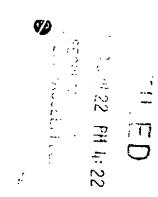
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Shoemaker
advised to make
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Staxx Promotions LLC SUBJECT:							
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
	Jason Wilson						
	Name of Person						
	Wilson Law Group						
	Firm/Company						
	29155 North Western HWY STE 563						
		Address					
	Southfield, MI 48034						
	jwilson@wlgfights.com	City/State and Zip Code	•				
	E-mail address: (to be used for future annual report not	ification)				
For further information c	concerning this matter, please c	all:					
Jason Wilson		248 797-4600 at ()					
Name of Person		Area Code Daytin	ne Telephone Number				
Enclosed is a check for the	he 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 Addres		Street Address:					
Registration Section Division of Corporations		Registration Section Division of Corporations					
P.O. Box 6327			The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION [_ E] OF

1719 3311 22 PM 4: 22

Staxx Promotions LLC		Ş	ingr.	
(Name of the Lim	ted Liability Compa (A Florida Limited l	iny as it now appears Liability Company	on our records.)	T.C.
The Articles of Organization for this Limited I	Liability Company	were filed on 11/2	5/2014	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	WC			
The new name must be distinguishable and contain the		Vida Distribution	_	r the appreviation "L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1181 S Rogers Cirle STE #24		
		Boca Raton, Fl 33487		
Enter new mailing address, if applicable:		Vida Distribution	ı, LLC	
(Mailing address MAY BE A POST OFFICE	BOX)	1181 S Rogers Cirle STE #24		
	Boca Raton, Fl 33487			
B. If amending the registered agent and/or agent and/or the new registered office addre	~	address on our re	cords, <u>enter the</u>	e name of the new registere
Name of New Registered Agent: Jason Wilson				
New Registered Office Address:	1181 S Rogers	Cirle STE #24		
	Enter Florida street address			
	Boca Raton		, Flori	da <u>33487</u>
		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	John Peddie	Vida Distribution, LLC	■Add
		1181 S Rogers Cirle STE #24	□Remove
		Boca Raton, Fl 33487	□Change
MGR	Jason Wilson	Vida Distribution, LLC	■Add
		1181 S Rogers Cirle STE #24	Remove
		Boca Raton, Fl 33487	
MGR	Shaun Shoemaker	Vida Distribution, LLC	□Add
		1181 S Rogers Cirle STE #24	□Remove
		Boca Raton, Fl 33487	■Change
MGR	Jon Goldstein	Vida Distribution, LLC	□Add
		1181 S Rogers Cirle STE #24	□Remove
		Boca Raton, Fl 33487	
			□Remove
			□Change
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ____ 2020 Signature of a member or authorized representative of a member Jason Wilson Typed or printed name of signce

D. D. 0050