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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

OCT 10 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vive Florida International Consultants 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:

Claudia vargas Giffors

Name of Person

VIVE FLORIDA INTERNATIONAL CONSULTANTS LLC

Firm/Company

P O BOX 188

Address

NAPLES FL 34106

City/State and Zip Code

info@foleyforensicaccg.com

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

For further information concerning this matter, please call:

Albalucia Foley

239 821-4294

at ()

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

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TALLAHASSEE, FLORIDA
records.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

VIVE FLORIDA REALTY-INTERNATIONAL CONSULTANTS LLC

4851 TAMIMAI TRAIL NORTH SUITE 204

NAPLES FL 34103

P O BOX 188

NAPLES FL 34106

FOLEY FORENSIC ACCOUNTING LLC

4100 CORPORATE SQUARE SUITE 114

Enter Florida street address

Florida 34104

City

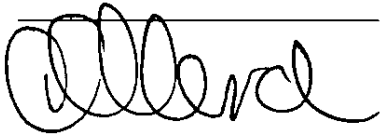
Zip Code

Maloney
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>	<u>Address</u>	<u>Type of Action</u>
P	CLAUDIA VARGAS GIFFORD	1791 GORDON RIVER LN	☒ Add
		NAPLES FL 34104	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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COUNTY OF HARRIS
CLERK OF COURTS

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

WE ARE UPDATING NAME, FOR HERE ON WILL BE VIVE FLORIDA REALTY-INTERNATIONAL

CONSULTANTS LLC

Afoey

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STATE DEPT. OF CORP.
ALLAHBAST, FLORIDA

E. Effective date, if other than the date of filing: 10-04-2016 (optional)

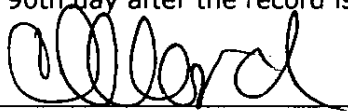
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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



NAPLES FL

10-4-16

CLAUDIA VARGAS GIFFORD / PRESIDENT

Signature of a member or authorized representative of a member

Typed or printed name of signee