

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000246469 3)))



H190002464693ADC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

To:

Division of Corporations

Fax Number : (850)617-6383

From:

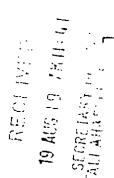
Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

: (954)525~7500 Fax Number : (954)761-8475

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleass.\*\*

Email Address:



## LLC AMND/RESTATE/CORRECT OR M/MG RESIC VIDA BOA HOLDINGS LLC

Certificate of Status	0
Certified Copy	
Page Count	ØB
Estimated Charge	\$25.00

T GLASS

AUG 2 0 2019

Electronic Filing Menu

Corporate Filing Menu

Help

H190002464693

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIDA BOA HOLDINGS LLC	t	t Safe	•
(Name of the Limited Linbillity Co (A Morida Limi	minday as It now appears on the Lability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on DECEN	ИBER 8, 2016	and assigned
Florida document number L16000221867			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	llability company here:		
The new name must be distinguishable and commin the words "Limited L	lishility Company," the design	ation "LUC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	····		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		<del></del>
			2(
Enter new mailing address, if applicable:			2019
(Malling address MAY BE A POST OFFICE BOX)			
•	***************************************	·	
8. If amending the registered agent and/or registered	d office eddress on ou	r records euler t	be using of the new
registered agent and/or the new registered office address		· · · · · · · · · · · · · · · · · · ·	: <sup>(2)</sup>
			თ
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Florida s		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	,		•
I hereby accept the appointment as registered agent and	agree to act in this capa	icity. I further agre	ee to comply with the

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

Page 1 of 3

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 = Mnnager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	DAVID R. TAYLOR	2890 NE 28TH STREET FORT LAUDERDALE, FL 33306	
· —— -			☐ Reinave
			U Kemave
			■ Change
			□ Add
			Remove
		•	□ Change
			Remove
			:- 30 Change
••		,	Add Fig. 5
			Remove (
			Remove (*
			☐ Cluange
			□ A6d
			☐ Remove
			Change
		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
			🗆 Remove
			Change

		<u> </u>
		<del></del>
· · · · · · · · · · · · · · · · · · ·		<u>-</u> -
		<del></del>
	<u></u>	
		<del></del>
	20	
	9 A1	<del></del>
	<del>-</del>	<u> </u>
	-0	
	2:	C
fective date, if other than the date of filing:  n affective date is listed, the date must be specific and connect be prior to date of	(optional)	
in affective date is listed, the data must be specific and curnot be prior to date of te: If the date inserted in this block does not meet the applicable statu curnent's effective date on the Department of State's records.	filing or more than 90 days after filing.) Parstant i atory filing requirements, this date will not b	o 605 020 e fisted a
record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	factive time, at 12:01 a.m. on the e	ariler (
alled AUGUST 13 2019		
V V V		
Controlle the controller surher and man	resentative of a member	_
	PROPERTY OF A HIGHIOPE	
S. Branch C. Davidson V. Latifornia G.		

Page 3 of 3

Filling Fee: \$25.00