

L17000206566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

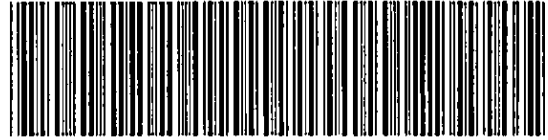
(Business Entity Name)

(Document Number)

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01/23/20- 01099-001 **25.00

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FEB 20 2020

2020 JAN 23 PM 12:22

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIDA FINE WINES 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:

CRYSTIANNE NEGREIRO BRUM

Name of Person

REAL SERVICES CONSULTING

Firm/Company

440 E SAMPLE ROAD SUITE 103 B

Address

POMPANO BEACH, FLORIDA, 33064

City/State and Zip Code

ATENDIMENTO@REALSERVICESCONSULTING.COM

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

For further information concerning this matter, please call:

CRYSTIANNE NEGREIRO BRUM

954

371 3606

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VIDA FINE WINES 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 10/05/2017 and assigned
Florida document number L17000206566.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAHOGANY CABINETRY LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

6601 Lyons Rd, Suite A - 4

Coconut Creek, FL, 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6601 Lyons Rd, Suite A - 4

Coconut Creek, FL, 33073

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:

Crystianne Negreiro Brum

New Registered Office Address:

440 E Sample Road, Suite 103 B

Enter Florida street address

Pompano Beach

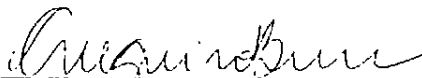
City

Florida 33064

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Juan Miguel Perez Filho	6499 Powerline Rd, Suite 101	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	All Home Improvements LLC	8918 Atlantic Ave, Suite 275	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33446	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Nil

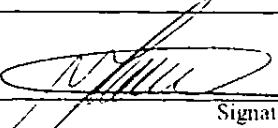
E. Effective date, if other than the date of filing: 01/16/2020 **(optional)**

(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 January 16, 2020



Signature of a member or authorized representative of a member
Nivaldo Jose Daros Junior

Typed or printed name of signee