

h18000036656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

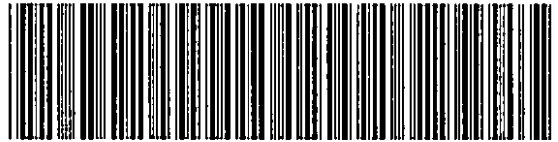
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RA Signature

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FILED
2022 NOV -7 AM 8:31
CLERK OF STATE
TALLAHASSEE, FL.

A. BUTLER

NOV - 8 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vida Custom Designs, 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:

Andres Vidaurrazaga

Name of Person

Vida Custom Designs, LLC

Firm/Company

8004 NW 154th St. #616

Address

Miami Lakes, FL 33016

City/State and Zip Code

sales@vidacustomdesigns.com

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

For further information concerning this matter, please call:

Andres Vidaurrazaga

786

4790030

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

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2022 NOV -7 AM 8:31

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

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>
MGRM	Cynthia Vidaurrazaga	8004 NW 154th St, #616	<input type="checkbox"/> Add
		Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Andres Vidaurrazaga	8004 NW 154th St, # 616	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2022

RECEIVED

SEP 29 2022

VIDA CUSTOM DESIGNS LLC
8004 NW 154 ST
616
MIAMI LAKES, FL 33016

SUBJECT: VIDA CUSTOM DESIGNS LLC
Ref. Number: L18000036656

We have received your document for VIDA CUSTOM DESIGNS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 822A00019025



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 NOV -7 PM 12:23

October 5, 2022

ANDRES VIDAURRAZAGA
8004 NW 154TH ST. #616
MIAMI LAKES, FL 33016

SUBJECT: VIDA CUSTOM DESIGNS LLC
Ref. Number: L18000036656

We have received your document for VIDA CUSTOM DESIGNS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 222A00022156