L19000062181

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
· ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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S. PRATHER

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MAS VIDA & SALUD SERVICES	USA, LLC
	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: Seth	UCC 1 or 3 File
04/03/19	UCC 11 Search
Name Date	Time UCC 11 Retrieval
Walk-In Will Pick Up _	Courier

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	MAS VIDA	& SALUD SERVICES USA	. LLC	
		Name of Lim	nited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	ali correspoi	ndence concerning this matter	to the following:	
		ARLEEN DAVILA		
			Name of Person	
		ADV ACCOUNTING & 7	TAX SERVICES LLC	
			Firm/Company	
		12701 S JOHN YOUNG F	PKWY SUITE 209A	
			Address	
		ORLANDO FL 32837		
			City/State and Zip Code	
		arleendavila@gmail.com		
			to be used for future annual report noti	fication)
For further in	formation co	ncerning this matter, please ca	ntl:	
ARLEEN D.	AVILA		407 641-0810	
	Name of	Person	Arca Code Daytim	e Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling 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, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		当門
MAS VIDA & SALUD SERVICES USA, L		TO ALEXAND
(Name of the Limited Linbil)	its Company as it now appears on our records.) a Limited Liability Company)	- L. W.
(A Pioridi	a Camiled Claosity Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 03/11/2019	APR 3
Florida document number L19000062181		75. 5
	_ ·	in -
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
MAS VIDA & SALUD SERVICES USA, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
	_	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	stered office address on our records.	enter the name of the now
registered agent and/or the new registered office add	ress here:	ancer the name of the new
Name of Name Davidson LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
F-32-17- -5	Cin	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>	Name	Address	Type of Action
MGR	AMARO, RICHART A	9902 HARTFORD MAROON RD	
		ORLANDO, FL 32827	□ Remove
		 	Change
			D Add
			□ Remove
			□ Change
			☐ Remove
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Effective date, if other than the defeat effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and c k does not me artment of Sta	cannot be prior eet the applicate's records.	to date of filing able statutory	IIImg requ	rements, th	nis date wil	I not be li	sted as
e record specifies a delayed on the 90th day after the recor	affective da d is filed.	ite, but no	t an effecti	ve time,	at 12:01	a.m. on	the ear	lier of
ated		2019						
Company	·		 ·				2019 1	(grace)
Company	gnature of a me		rized represent	ative of a me	ember	TALLA	2019 APR	
and	gnature of a mo		rized represent	ative of a me	ember	TALLAHASSI	2019 APR -3	- 13-20

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