## 119000 232059

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Amend.

OCT 3 0 2019

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Vida Biologica LLC Name of Limited Liability Company
Name of Enfined Etabling Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William W. Margo Name of Person
Wakefield Mago 6100P
2398 OVEr Grook 87.
Mian: EL 33133
City/State and Zip Code  Wake @ Wake field Mary group, (OM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) COG 3854  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Sectified Copy (additional copy is enclosed) S25.00 Filing Fee Sectificate of Status Sectified Copy (additional copy is enclosed) S60.00 Filing Fee. 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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Vida Biolog	aica L2C	
(Name of the Limited Liability & (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L1900 232059</u> .	npany were filed on Scotember 13, 2019 and assigned	
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:    Company   C		
he 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 ADDRES	<u>SS)</u>	
	<del></del>	
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address	ed office address on our records, enter the name of the no	e <b>w</b>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
ew Registered Agent's Signature, if changing Registered Ag	gent:	

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>co0</u>	Patrick Tidalgo	18 Donatello	
		18 Donatello Alisa Vicjo (A 92656	<b>#</b> Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  The 90th day after the record is filed.
Dated 00000 7 . 2019.
Signature of a member or authorized representative of a member
William W. Margo Typed or printed name of signee

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Filing Fee: \$25.00