

12/3/2019

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L190003488663

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : GFS TAX & ACCOUNTING SERVICES  
 Account Number : I20140000089  
 Phone : (754)301-2128  
 Fax Number : (954)252-4650

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

Email Address: INFO@GFSTAXACCT.COM

2019 DEC -3 PM 1:27

2019 DEC -3 PM 2:23

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 VILA KIDS LLC**

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VILA KIDS 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:

GILVAM F DOS SANTOS  
Name of Person  
GFS TAX & ACCOUNTING SERVICES  
Firm/Company  
2001 W CYPRESS CREEK RD STE 102 B  
Address  
FT LAUDERDALE FL 33309  
City/State and Zip Code  
INFO@GFSTAXACCT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM F DOS SANTOS at ( 954 ) 9573244  
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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILA KIDS 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 11/08/2019 and assigned Florida document number L19000279217

This amendment is submitted to amend the following:

A. 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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

199 OCEAN LANE DRIVE APT 1209

MIAMI FL 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

199 OCEAN LANE DRIVE APT 1209

MIAMI FL 33149

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:

GFS TAX & ACCOUNTING SERVICES

New Registered Office Address:

2001 W CYPRESS CREEK RD STE 102 B

Enter Florida street address

FT LAUDERDALE

Florida 33309

City

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.

[Handwritten signature]

If Changing Registered Agent, Signature of New Registered Agent

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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	CELTICS LLC	848 BRICKELL KEY DR APT 3806	<input type="checkbox"/> Add
		MIAMI FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 DECEMBER 03, 2019

Signature of a member or authorized representative of a member

SOARES DE OLIVEIRA, ALESSANDRA
Typed or printed name of signer