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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone

: (407)932-0040

Fax Number

: (407)520-5473

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LA VID GROUP, LLC

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JUN 1 3 2023

COVER LETTER

TO: Regi	stration Se sion of Cor	ection Porations	-4	: !
SUBJECT:	LA VID G	ROUP, LLC		ه
	-	Name of L	imited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are st	abmitted for filing.	
Picase return a	all correspo	ndence concerning this matte	er to the following:	
		VANESSA CHACIN		
			Name of Person	
		LA VID GROUP, LLC		
			Firm/Company	
		4025 NE 10th Ave		
			Address	
		CAPE CORAL, FL 3390	9	
			City/State and Zip Code	
		vanessachacinfaria@hotm		
			(to be used for future annual report no	tification)
For further info	rmation co	ncerning this matter, please of	call:	
VANESSA CH	IACIN		305 4979957	
	Name of	Person		ne Telephone Number
Enclosed is a ch	eck for the	following amount:		
□ \$25.00 Filin	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	ration Se on of Cor Box 6327 assee, FL	porations	Street Address: Registration Se Division of Cor The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA VID GROUP, LLC

(Name of the Lim	ited Liability Compa (A Florida Limited	inv as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 02/03/2021		and assigned
Florida document number L21000059641			;	
This amendment is submitted to amend the fol	llowing.		•	
A. If amending name, enter the new name	of the limited liab	ility company bere:		
			:23	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	a "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	icable:		·	
(Principal office address MUST BE A STRE.	ET ADDRESS)	4025 NE 10th Ave		,
		CAPE CORAL, FL 339	09	-
		.		<u></u>
Enter new mailing address, if applicable:				 ک
(Mailing address MAY BE A POST OFFICE	E BOX)	4025 NE 10th Ave		'
	2 3.14	CAPE CORAL, FL 339	09	:
elegation of the second	•			
B. If amending the registered agent and/or	registered office	address on our records,	enter the name of	the new register
agent and/or the new registered office addre	ess here:			
	11137E00 - 07			
Name of New Registered Agent:	VANESSA CH	IACIN		
New Registered Office Address:	4025 NE 10th .	Ave		
in the second second		Enter Florida street	address	
	CAPE CORAL		, Florida _33909	
		City		lp Code
New Registered Agent's Signature, if changing	Registered Agent;			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete ristered agent as p registered office s change.	performance of my duti provided for in Chapter address, I hereby confi	ies, and I am famile 605, F.S. Or, if the street that the limited street	liar with and is document is liability
\$ ft	If Chai	iging Registered Agenti-Signs	ature of New Register	ed 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	VANESSA CHACIN	4025 NE 10th Ave	⊡Add
		CAPE CORAL, FL 33909	□Remove
			≅ Change
			□Add
		-	□Remove
			☐ Change
			□Add
			□Remove
			□ Change
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Filing Fee: \$25.00