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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.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA VID GROUP, LLC

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### **COVER LETTER**

то:	Registration Sec Division of Corp			·. V
SUBJE	LA VID GR	OUP, LLC		
GODJE	C1	Name of Limit	ed Liability Company	·
The end	closed Articles of A	mendment and fcc(s) are subm	nitted for filing.	
Please 1	return all correspon	dence concerning this matter to	o the following:	
		CHACIN FARIA, VANES	I AZ	
	·		Name of Person	·
		LA VID GROUP, LLC		
			Firm/Company	
		2736 STEPHEN DR		
			Address	
		WINTER HAVEN, FL 338	80	
		,	City/State and Zip Code	
		E-mail address: (to	o be used for future annual repe	rt notification)
For fun	ther information co	ncerning this matter, please ca	H:	
VANE	SSA CHACIN		305 49799 at ()	
<del></del>	Name of	Persun	Area Code I	Daytime Telephone Number
Enclose	ed is a check for the	following amount:		
<b>■</b> \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &

Malling 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

LA VID GROUP, LLC

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited L. Florida document number L21000059641	iability Company	were filed on 02/03/2021	i and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	the limited liab	llity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	2736 STEPHEN DR	; ;
(Principal office address MUST BE A STREET ADDRESS)		WINTER HAVEN, FL 33880	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> 2	2736 STEPHEN DR WINTER HAVEN, FL 33880	2021 A.T
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter th</u>	
Name of New Registered Agent:	VANESSA CI	łacin .	<u> </u>
New Registered Office Address:	2736 STEPHE	N DR	<u> </u>
ALLE ANGELISM NE. COMMANDA	WINTER HA	Enter Florida street address VEN Flori	ida 33880
		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.

If Changing Registered Agent, Signature of New Registered Agent

To: Division of Corporations

Page: 5 of 6

2024-04-19 21:36:12 GMT

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From: RC TAX SERVICE

# 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>	Address	Type of Action
MGR	JOSE A VERA ARAUJO	2736 STEPHEN DR	——— ≅Add
		WINTER HAVEN, FL 33880	□Remove
·			
			□Add
			□Remove
	·		□Change
		· <u> </u>	□Add
			□Remove
			☐ Change
			DAdd
			□Remove
		•	☐ Change
			□Add
· .			□Remove
		,	□Change
			□Add
			□Remove
			□Change

Page: 6 of 6

mending any other inform	ation, enter change(s) here: (Att	ach additional sheets, if necess	ary.)
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fective dute, if other than the neffective date is listed, the date mate: If the date inserted in this becument's effective date on the l	e date of filing: ust be specific and cannot be prior to date block does not meet the applicable st Department of State's records.	(option of filing or more than 90 days after file atutory filing requirements, this o	ial) ling.) Pursuant to 605,020 (ate will not be listed as
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
	2974		1
APRIL 18			
ted APRIL 18	TAKI		
aPRIL 18	hard free		<u> </u>
APRIL 18	Signature of a member or authorized i	epresentative of a member	:
APRIL 18  VANESSA CHACIN			<u>1</u> : .

Filing Fee: \$25.00