

L21000143440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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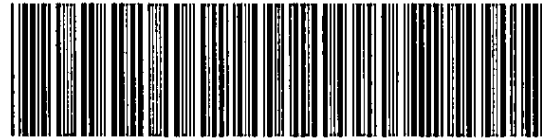
(Business Entity Name)

(Document Number)

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2021 APR 26 AM 9:40
TALAMASSE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA VIDA COLINA, 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:

COLLEEN THEIS

Name of Person

LA VIDA COLINA, LLC

Firm/Company

795 NE 70TH STREET

Address

MIAMI, FL 33138

City/State and Zip Code

ukcolina@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COLLEEN THEIS

917 514-7691
at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LA VIDA COLINA, 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 03/26/2021 and assigned
Florida document number 1.21000143440.

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)

795 NE 70TH STREET

MIAMI, FL 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

795 NE 70TH STREET

MIAMI, FL 33138

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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>
AMBR	COLLEEN THEIS	795 NE 70TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JULIAN DEAN	795 NE 70TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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2021 APR 26 AM 9:40
TALLAHASSEE, FLORIDA

2021 APR 26 AM 9:40
U.S. DEPT OF JUSTICE
FALLAIA STE, FLORIDA

FILED
2021 APR 26 AM 9:40
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

Dated APRIL 14 2021

Colleen

Signature of a member or authorized representative of a member

COLLEEN THEIS

Typed or printed name of signee