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2021 SEP 23 AH 7: 30

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor						
er (15.115.4		DLUTIONS LLC					
SUBJEC	Name of Limited Liability Company						
The encl	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please re	etum all correspo	ndence concerning this matter	to the following:				
		DIEGO LIZARAZO					
			Name of Person				
		VIDICA SOLTIONS LLC					
			Firm/Company				
		2630 W BROWARD BLV	D SUITE 104				
		 ,	Address				
		FORT LAUDERDALE, F	1. 33312				
			City/State and Zip Code				
		VIDICASOLUTIONS@GR			202		
		E-mail address* (to be used for future annual report no	tification)	A SE		
For furt	her information c	oncerning this matter, please c	all:		2021 SEP 23		
DIEGO	LIZARAZO		954 549-7159 at ()		EP 23 AH		
	Name o	f Person	Area Code Dayti	me Telephone Number	# 7: 30		
Enclose	d is a check for th	he following amount:					
■ \$25	i,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &		
	Mailing Addres		Street Address:	Constitute			
	Registration : Division of C						
	TYPE ISLUMENT	orporations.	Divinion Of C	-1.0.			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIDICA SOLUTIONS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	· .
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/20/2021	and assigned
Florida document number L21000183886	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRE	ESS)	
		20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		22. No. 5.184
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:		
Ninger of Ning Delivers LA		·
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>	Type of Action
MGR	CARLOS ROSENTHAL	2630 W BROWARD BLVD SUITE 203	□Add
		FT LAUDERDALE, FL 33312	■Remove
			□Change
			□Add
			□ Remove
			□ Change
			□ Add 2021
			□ K@nove
			DATIO
			Remove
			□Change
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(If an effe	ve date, if other than the date of filing: (optional) retive 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 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record cord is file	d 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 ed.
Dated_	September 22, 3021
	Signature of a member or authorized representative of a member
	DIEGO LIZARAZO
	Typed or printed name of signee

Filing Fee: \$25.00