

K21000201291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

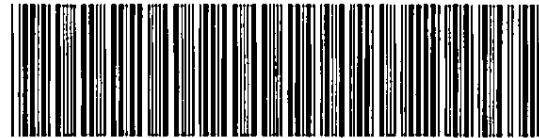
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUL 30 PM 4:52

July 12, 2021

IVON PELAEZ
4406 NW 185 ST.
MIAMI GARDENS, FL 33055

SUBJECT: VIDA LIFTH ISOTO
Ref. Number: L21000201291

We have received your document for VIDA LIFTH ISOTO and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 821A00015828

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vida Liffa Isoto
Name of Limited Liability Company

The enclosed Articles of Incorporation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ivon Pelaez

Name of Person

Firm/Company

4406 NW 185 St

Address

Miami Gardens FL 33055

City/State and Zip Code

favorecida33@gmail.com

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

For further information regarding this matter, please call:

Name at (_____) _____
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 62
Tallahassee, FL 32303

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**

Vida LIFTH ISOTO 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 _____ and assigned
Florida document number 201000201291

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 distinct and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal office address, if applicable: 4406 NW 185 ST

(Principal office address) ST BEA STREET ADDRESS Hiaw. Gardens FL 33007

Enter new mailing address, if applicable: _____

(Mailing address) POST OFFICE BOX _____

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: 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 applicable 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 change 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

If amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our list:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>PELAEZ, IVON</u>	<u>4406 NW 185 ST</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Gardens FL 33057</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change Title
<u>AMBR</u>	<u>Delgado, Hilda</u>	<u>4406 NW 185 ST Miami, Fla</u>	<input checked="" type="checkbox"/> Add
		<u>FL 33057</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change Title
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


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

Please
I need change the title

E. Effective date, if any (If an effective date is listed, it 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 in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date in the Department of State's records.

If the record specifies an 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 7/22, 2021.


Signature of a member or authorized representative of a member

Ivon Pelaez
Typed or printed name of signee

Filing Fee: \$25.00