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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

14154847068

Fax Number : (850)617-6383

From:

Account Name : EFFECTIVE MANAGEMENT SOLUTIONS

Account Number : I20230000052 Phone : (407)729-6636 Fax Number : (407)386-6305

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

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIDA PRODUCTIVA USA, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO:	Registratio Division of	on Section Corporations	
	VIDA	PRODUCTIVA USA, LLC.	
SUBJE	d :	Name of Li	imited Liability Company
		Name of Li	minica classiffy Company
		es of Amendment and fee(s) are su	
Please r	eturn all corr	respondence concerning this matte	er to the following:
		MARILYN GOMEZ	
			Name of Person
		VIDA PRODUCTIVA L	USA, LLC.
			Firm/Company
		8236 Lee Vista Blvd Sui	ite D
			Address
		007 AND 0 EL 20020	
		ORLANDO, FL 32829	
			City/State and Zip Code
		vidaproductiva.floridausa	a@gmail.com s: (to be used for future annual report notification)
			·
For furt	her informati	ion concerning this matter, please	e call:
MARIL	YN GOME	Z	407 8731847
	Na	nme of Person	Area Code Daytime Telephone Number
Enclose	d is a check	for the following amount:	
■ \$ 25	.00 Filing Fe	ce \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Ad		Street Address:
	_	ion Section of Corporations	Registration Section Division of Corporations
	P.O. Box		The Centre of Tallahassee
	Tallahass	ee, FL 32314	2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIDA PRODUCTIVA USA, LLC.		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our recor- d Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	The name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	\$5.5
	, F	lorida
	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>	Name	Address	Type of Action
MGR	GOMEZ, MILADYS	11007 LAGUNA BAY DR #305	□Add
		ORLANDO, FL 32821	■Remove
			□Change
			□Ađd
			□Remove
			□Change
	4		□Add
			□Remove
			Change
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			□ Remove
			Change

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Filing Fee: \$25.00