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(Address)			
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TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CUBICT		ESTMENT GROUP LLC		
SUBJECT:		Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-		
		Jake D. Siciliano		
		Jake D. Siemano	Name of Person	
			Firm/Company	
		9249 S Broadway, Unit 20	0 #533	
			Address	
		Highlands Ranch, CO 8012	29	
		jsiciliano@jdslawoffice.com	City/State and Zip Code	
		E-mail address: (o be used for future annual report notifi	cation)
For further in	formation co	oncerning this matter, please ca	ill:	
Jake D. Sicil	liano		202 909-5524 at ()	
-	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
≘ \$ 25.00 F	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)
Reg	iling Addres gistration S		<u>Street Address:</u> Registration Sec Division of Con	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIDA INVESTMENT GROUP 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 September 12, 2022 and assigned Florida document number L22000398063 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A 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: ဌ New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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
AMBR	Pura Investments Holdings, LLC	8 The Green, STE R, Dover DE 19901	= Add
			□Remove
			□ Change
MGR	Forrest Lee Salsbery Jr.	3807 Aberdeen Court Richardson, TX 75082	🖹 Add
			□Remove
			□ Change
MGR	Jessica Longgrear	2343 8th Street S, St. Petersburg, FL 33705	□Add
			□Remove
			Change
			□Add
			□Remove
		 	Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
ne reco ord is f	ord 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 filed.
Dated	September 15 2022
Daice	
	Signature of a member or authorized representative of a member