L24000096151

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ALC CONSULTING SERVICES INC
Account Number : I20200000139
Phone : (407)801-1529
Fax Number : (407)386-6503

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

VIDA LITE, LLC

Certificate of Status	0
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M. SOLOMON
JUL 26 2024

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COVER LETTER (((H24000253128 3)))

TO: **Registration Section**
Division of Corporations

SUBJECT: VIDA LITE, 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:

LORENA C RIOS
Name of Person

ALC CONSULTING SERVICES INC
Firm Company

520 NORTH SEMORAN BLVD STE 255
Address

ORLANDO, FL 32807
City State and Zip Code

LORENA@ALCTAXACC.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call

LORENA C RIOS at (407) 801-1529
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VIDA LITE, 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 02/23/2024 and assigned Florida document number L24000306151

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company". The designation "LLC" or the abbreviation "L.L.C." may be substituted for the words "Limited Liability Company".

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5420 122ND CIRCLE EAST
BRADENTON, FL 34211

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5420 122ND CIRCLE EAST
BRADENTON, FL 34211

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TALLAHASSEE, FLORIDA

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: N/A

New Registered Office Address: 5420 122ND CIRCLE EAST
(Enter Florida street address)

BRADENTON, Florida 34211
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.

Ruben P. Paez

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 records:

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	RUBEN P PAEZ	17546 CRESCENT MOON LOOP	☐Add
		BRADENTON, FL 34211	■Remove
			☐Change
MGR	RUBEN P PAEZ	5420 123RD CIRCLE EAST	■Add
		BRADENTON, FL 34211	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
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			☐Change
			☐Add
			☐Remove
			☐Change

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

PLEASE ADD EMPLOYER IDENTIFICATION NUMBER: 99-1680631

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E. Effective date, if other than the date of filing: _____ (optional)

If an effective 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)(b)

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.

If the record 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 record is filed.

Dated JULY 25TH 2024

Ruben P. Paez

Signature of a member or authorized representative of a member

RUBEN P PAEZ

Typed or printed name of signer

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Filing Fee: $25.00