

LA4000427230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

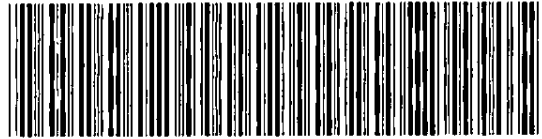
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: S 25.00

Authorization Signature: Jan Gil

Cordoba Gil Investment LLC L24000427230

Business Name

#Document #

 Walk in

 Will wait

 Certified Copies of the Articles of Incorporation and all amendments (complete file)

 Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 LLC
 Domestication
 INC
 CORP
 OTHER

AMENDMENTS

 Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Statement of FACT
 Merger

OTHER FILINGS

 Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL

COUNTRY

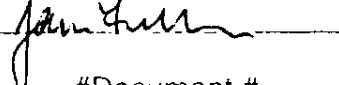
REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 CORRECTION for a Foreign Corp.
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

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 Re: statement
 REGISTRATION for a Foreign LLC
 Qualification of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORDOBA GIL INVESTMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDITH ALVARADO CALIZ
Name of Person

VIDA PRODUCTIVA USA, LLC.
Firm Company

8421 ORANGE BLOSSOM TRL
Address

ORLANDO, FL 32809
City, State and Zip Code

vidaproductiva.floridausa@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDITH ALVARADO CALIZ 407 8731847
Name of Person 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 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 310
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CORDOBA GIL INVESTMENT 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 10/03/24 and assigned
Florida document number L24000427230

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" or 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:

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 Changing Registered Agent, Signature of New Registered Agent

FILED
2024 OCT 31 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGR	GIL ZAPATA, MARGARITA M	CRA 5 #20-1911 A57 35	Add
		CUNDINAMARCA, C.O 25000-2 C.O.	Remove
			Change
MGRM	GIL ZAPATA, MARGARITA M	CRA 5 #20-1911 A57 35	Add
		CUNDINAMARCA, C.O 25000-2 C.O.	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: *attach a separate sheet of paper only.*

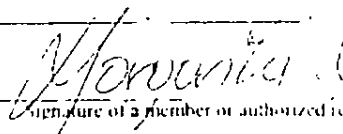
E. Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing of this document with the Department of State.

Note: If the date inserted in this block does not meet the applicable statutory time 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 12:00 noon on the earlier of the 12th day after the record is filed.

Dated 30/10/24



Signature of a member or authorized representative

MARGARETA MARIA GIL ZAPATA

Typed or printed name of signer

Filing Fee: \$25.00