

L24 000 456 623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

VIDA ABUNDANTE FLOORING LLC

ECT: _____
Name of Limited Liability Company

nclosed Articles of Amendment and fee(s) are submitted for filing.

: return all correspondence concerning this matter to the following:

NANCY J CULGUA BONILLA

Name of Person

VIDA ABUNDANTE FLOORING LLC

Firm/Company

15713 ALDERMAN TURNER ROAD

Address

WIMAUMA, FL 33598

City/State and Zip Code

nb6914968@gmail.com

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

further information concerning this matter, please call:

NANCY CULGUA BONILLA 813 499-6687

Name of Person at () Daytime Telephone Number
Area Code

losed 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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TALLAHASSEE, FL.

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

VIDA ABUNDANTE FLOORING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/26/2024 and assigned
the document number L24000456623.

An amendment is submitted to amend the following:

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

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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

City, Florida

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

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ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
oved from our records:

= Manager
R = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	FAUSTO A BARILLAS RAMOS	15713 ALDERMAN TURNER ROAD	<input checked="" type="checkbox"/> Add
		WIMAUMA, FL 33598	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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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.

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
1 is filed.

dated 11/05/2024,

Signature of a member or authorized representative of a member

Nancy Johana Culgucy Bonilla

Typed or printed name of signee

Filing Fee: \$25.00