

MP000000 4730

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MAY 24 2019
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2019 MAY 24 PM 2 22

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MAY 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Vidapur LLC**

Name of Limited Liability Company

Dear Sir or Madam,

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andre Trouille

Name of Person

Montana Holdings

Firm/Company

2861 34th Street S

Address

St. Petersburg FL 33711

City/State and Zip Code

mmader@almased.com

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

For further information concerning this matter, please call:

Michael Mader

at (

727

Area Code

867-4444

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (9/15)

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2019 MAY 24 P 2:22

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

TALLAHASSEE, FLORIDA

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document

FIRST: The name of the limited liability company is: Vidapur LLC

SECOND: The Florida Document number of the limited liability company is: M19000004730

THIRD: Document to be corrected is: Qualification of Foreign LLC

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the company is Vidapure, not Vidapur

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

[Signature]
Signature of Authorized Representative

5/23/19
Date

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "VIDAPUR LLC", CHANGING ITS NAME FROM "VIDAPUR LLC" TO "VIDAPURE LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF MAY, A.D. 2019, AT 11:36 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

7354034 8100
SR# 20193800785

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202850268
Date: 05-17-19

Certificate of Amendment to Certificate of Formation

of

VIDAPUR LLC

under Section 18-202 of the Delaware Limited Liability Company Act

It is hereby certified that:

1. The name of the limited liability company (hereinafter called the "Company") is: VIDAPUR LLC
2. The certificate of formation of the Company is hereby amended by striking out Article 1 thereof and by substituting in lieu of said Article the following new Article:

"ARTICLE 1.

NAME

The name of the limited liability company (the "Company") is:
VIDAPURE LLC."

Executed on May 13, 2019



Kurt Plankl
Authorized Person