

M190000008201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

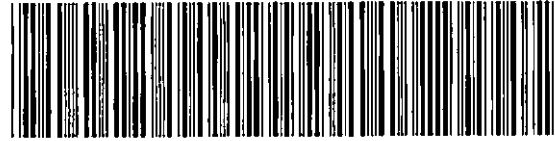
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAR 31 AM 9:04
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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STATE OF FLORIDA

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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 03/31/23

NAME: VIDA CAPITAL GROUP, LLC

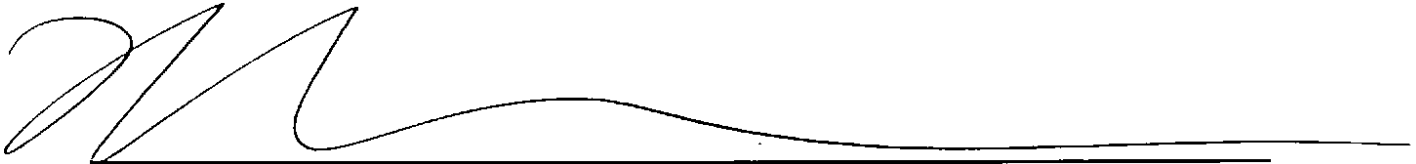
TYPE OF FILING: APPLICATION AMENDMENT

COST: 30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2023

FLORIDA FILING

SUBJECT: VIDA CAPITAL GROUP, LLC
Ref. Number: M19000008201

2023 APR 12 PM 1:52

RECEIVED

We have received your document for VIDA CAPITAL GROUP, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 023A00007464

*Please keep original filing date
Thank you!*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIDA CAPITAL GROUP, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rafael Cordero

Name of Person

BLUEBUILD CONSTRUCTION, LLC

Firm/Company

201 Nw 17Th Street

Address

Delray Beach, FL 33444

City/State and Zip Code

rafael@vidaproperities.com

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

For further information concerning this matter, please call:

Rafael Cordero

at (561) 706-4165

Name of Person

Area Code & Daytime Telephone Number

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

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: VIDA CAPITAL GROUP, LLC

Enter new principal office 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)

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MAR 31 AM 9:04
CLERK OF STATE
TALLAHASSEE, FL

FILED

2. The Florida document number of this limited liability company is: M19000008201

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 8/21/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: BLUEBUILD CONSTRUCTION, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

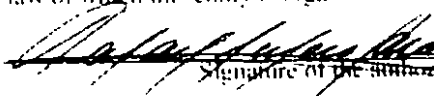
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change

<u>Title</u> , <u>Capacity</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized


Signature of the authorized representative

Rafael Cordero

Typed or printed name of signer

Filing Fee: \$25.00

FILED
2023 MAR 31 AM 9:04
CLERK OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that, on 03/16/2023, a **Amendment to Articles of Organization** changing the name **BLUEBUILD CONSTRUCTION, LLC** was filed by VIDA CAPITAL GROUP, LLC. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/11/2023.

A handwritten signature in cursive script that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202304113565831

You may verify this certificate
online at <http://www.nvsos.gov>