N42558

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VIDA ABUNDANTE, INC.
DOCUMENT NUMBER: N 42558
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBORTO M COLLOCA (Name of Contact Person)
VIDA ABUNDANTE, INC. (Firm/Company)
(Firm/ Company) 6300 NW 77 CT. (Address)
(Address) MIAMI FL 33166 (City/ State/ and Zip Code)
For further information concerning this matter, please call:
November Collocal at (786) 790-6775 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: 7 - - 200 T
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment the date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signed this day of
Signature
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
Roberto Colloca.
(Typed or printed name of person signing)
Presi Dent.
(Title of person signing)

FILING FEE: \$35