

L14000183913337

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BARBOSA LEGAL
Account Number : T20110000049
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Fax Number : (305)359-9543

**Enter the email address for this business entity to be used for status annual report mailings. Enter only one email address please.

Email Address: bbarbosa@barbosalegal.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIBE FITNESS USA, LLC

Certificate of Status	0
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AUG 05 2014
D. BRUCE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vibe Fitness USA, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Bruna Barbosa

Name of Person

Barbosa Legal

Firm/Company

407 Lincoln Road, PH-NE

Address

Miami Beach, FL 33139

City/State and Zip Code

bbarbosa@barbosalegal.com

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

For further information concerning this matter, please call:

Bruna Barbosa

Name of Person

at (305) 501-4680

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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

Vibe Fitness USA, 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 07/17/2014 and assigned Florida document number L14000113337.

This amendment is submitted to amend the following:

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

VIBE CLASS FITNESS USA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

262 Atlantic Avenue

(Principal office address MUST BE A STREET ADDRESS)

Sunny Isles Beach, FL 33160

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

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TALLAHASSEE FLORIDA

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Rafael Ceschin	407 Lincoln Road	<input checked="" type="checkbox"/> Add
		PH-NE	<input type="checkbox"/> Remove
		Miami Beach, FL 33139	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 4, 2014

/s/ Bruna Barbosa

Signature of a member or authorized representative of a member

Bruna Barbosa, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

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