

L 14000113337

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ELO ENTERPRISES, INC
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2020 NOV 17 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: SALES@ELOENTERPRISES.US

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VIBE CLASS FITNESS SUNNY ISLES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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November 5, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VIBE CLASS FITNESS SUNNY ISLES, LLC
323 SUNNY ISLES BLVD. #101
SUNNY ISLES BEACH, FL 33160

SUBJECT: VIBE CLASS FITNESS SUNNY ISLES, LLC
REF: L14000113337

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000383080
Letter Number: 220A00022182

RECEIVED
2020 NOV 17 AM 7:21

ARTICLES OF AMENDMENT #20000383080 3
TO
ARTICLES OF ORGANIZATION
OF

VIBE CLASS FITNESS SUNNY ISLES, 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:

P.O TRADING, LLC

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

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

FILED
2020 NOV 17 AM 11:53
STATE OF FLORIDA
TALLAHASSEE

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

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

H2000383080 3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

N/A

Multiple horizontal lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the 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 record is filed.

Dated NOVEMBER 11TH 2020

Handwritten signature of Paulo Ceschin over a horizontal line.

Signature of a member or authorized representative of a member

PAULO CESCHIN

Typed or printed name of signec

420000383080 2