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| PICK-UP WAIT MAIL   |
| (Business Entity Name)                                    |
| (Document Number)   |
| Certified Copies Certificates of Status                   |
| Special Instructions to Filing Officer:                   |
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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Tallahassee, FL 32314

TO:

| SUBJECT:                        | Name of Lim                                  | ited Liability Company  |  |
|---------------------------------|--|---|--|
| The enclosed Articles of        | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo      | ndence concerning this matter                | to the following:   |  |
|                                 | KENNETH P. FERGUSO                           | N JR  |  |
|                                 | <del></del>                                  | Name of Person  | <del></del>  |
|                                 | SOUTHERN POINT SIGN                          | VINGS, LLC  |  |
|                                 | <del></del>                                  | Firm/Company  | <del></del>  |
|                                 | 514 SW 72ND TERRRAC                          | E   |  |
|                                 |  | Address   | <del></del>  |
|                                 | NORTH LAUDERDALE,                            | FL 33068  |  |
|                                 |  | City/State and Zip Code   |  |
|                                 | NOTARY@SOUTHERNP                             | OINTSIGNINGS.COM  |  |
|                                 | E-mail address: (                            | to be used for future annual report not                             | fication)  |
| For further information c       | oncerning this matter, please c              | all:  |  |
| KENNETH P. FERGUS               | ON JR  | 754 235-9995  |  |
| Name of Person                  |  | at ()   | ne Telephone Number  |
| Enclosed is a check for the     | ne 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                 |  | Street Address:   |  |
| Registration S<br>Division of C |  | Registration Se<br>Division of Co                                   |  |
| P.O. Box 632                    |  | The Centre of   | -  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 16 AM 9: 16

**WORKFLOW VIBES LLC** 

(Name of the Limited Liability Company as it now appears on our records.) TALL AHASSEE. FL

| The Articles of Organization for this Limited Liab  | ility Company      | were filed on _                 | JANUARY 2            | 5TH, 2019             | and assigned          |
|---|--------------------|---------------------------------|----------------------|-----------------------|-----------------------|
| Florida document numberL19000027358   |                    |                                 |                      |                       |                       |
| This amendment is submitted to amend the follow   | ing:               |                                 |                      |                       |                       |
| A. If amending name, enter the new name of the  | he limited liab    | ility company                   | here:                |                       |                       |
| SOUTHERN POINT SIGNINGS, LLC  |                    |                                 |                      |                       |                       |
| The new name must be distinguishable and contain the word   | ds "Limited Liabil | lity Company," the              | e designation "LL    | C" or the abbr        | eviation "L.L.C."     |
| Enter new principal offices address, if applicab  | le:                | 6805 WEST COMMERCIAL BLVD #1083 |                      |                       | 33                    |
| (Principal office address MUST BE A STREET ADDRESS)   |                    | TAMARAC,                        | FL 33319             |                       |                       |
|   |                    |                                 |                      |                       | <u> </u>              |
| Enter new mailing address, if applicable:   |                    | 6805 WEST (                     | COMMERCIAL           | . BLVD #108           | 33                    |
| (Mailing address MAY BE A POST OFFICE BOX)  |                    | TAMARAC, FL 33319               |                      |                       |                       |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address  <br>Name of New Registered Agent: |                    | address on our                  | records, <u>ente</u> | r the name            | of the new registered |
|   | 6805 WEST CO       | OMMERCIAL E                     | RI VD #1083          |                       |                       |
| New Registered Office Address:  |                    |                                 | lorida street addri  |                       |                       |
|   | TAMARAC            |                                 | T                    | lorida 333            | 19                    |
|   |                    | City                            | , т                  | lorida <sup>333</sup> | Zip Code              |
| New Registered Agent's Signature, if changing Reg   | gistered Agent:    |                                 |                      |                       |                       |
| I hereby accept the appointment as registered of  |                    |                                 |                      |                       |                       |

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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>            | Address                         | Type of Action |
|--------------|------------------------|---------------------------------|----------------|
| CEO          | KENNETH P. FERGUSON JR | 514 SW 72ND TERRACE             | 🗀 Add          |
|              |                        | NORTH LAUDERDALE, FL 33068      | ≣Remove        |
|              |                        |                                 | □Change        |
| AMBR         | KENNETH P. FERGUSON JR | 6805 WEST COMMERCIAL BLVD #1083 | <b>■</b> Add   |
|              |                        | TAMARAC, FL 33068               | Remove         |
|              |                        | <del></del>                     | □Change        |
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| <b>Tective date, if other than the</b> an effective date is listed, the date must be a listed. If the date inscrted in this blocument's effective date on the D | st be specific and cannot be price lock does not meet the application. | icable statutory filing re |                             |                   |            |
| record specifies a delayed effective is filed.  | ve date, but not an effective  | time, at 12:01 a.m. on     | the earlier of: (b) The 90t | h day after the   | 2          |
|   | 2022   |                            |                             |                   |            |
| MAY 9TH   | <b>4</b> 0.44  |                            |                             |                   |            |

Filing Fee: \$25.00