## LZZ000422212

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

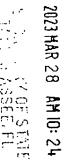




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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
mettastorie SUBJECT:	8 LLC	÷	•
SUBJECT:		nited Liability Company	
The analogue Articles of	Amendment and fee(s) are sub-	united the filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Sofia Vasquez		
	<del>-1</del>	Name of Person	
	ZenBusiness INC		
	•	Firm/Company	<del></del>
	336 E. College Ave Suite	301	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fullillment@zenbusiness.co		
	E-mail address: (	to be used for future annual report in	otification)
For further information c	oncerning this matter, please c	all:	
c/o ZenBusiness INC		844 493-6249	
Name o	r Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	-	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration S	
Registration Section Division of Corporations		Division of C	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, l	4. 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mettastories LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our reco imited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co.	npany were filed on 09/29/2022	and assigned
Florida document number 1.22000422212		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
AVibrantThrivingLife LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	2023 2023
		3 3 3 3 3 3 3 3
		AR 2
Enter new mailing address, if applicable:		\$ 00 mm
•		OC B
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ente</u>	.,,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Clorida
	Cny	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

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
			DAdd
			□Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nost be specific and cannot be prior block does not meet the applica	ible statutory filing require	(optional)  Didays after filing.) Pursuant to 605.0, ments, this date will not be listed	207 (3)(i as the
he record specifies a delayed effectord is filed.	tive date, but not an effective ti	ne, at 12:01 a.m. on the ea	lier of: (b) The 90th day after t	he
Dated	2023	· ·		
/s/ Sharda Ram	ideo Signature of a member or autho			
	orginature or a member or autho	rized representative of a mem	per	
Sharda Ramdeo, Men	ah			

Filing Fee: \$25.00