L11000042159

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Divisio	n of Corpo	rations ,			
SUBJECT:	Vibeod	sity, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Ar	rticles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return all	correspond	ence concerning this matter	to the following:		
			Norman B. Ratner		
			Name of Person		
			Vibeocity, LLC		
			Firm/Company		
		4030 Hythe B			
			Address		
		Boca Raton, Flor	ida 33434		
		normanratner@n	City/State and Zip Code	we it	
		E-mail address: (to be used for future annual report	notification)	216
For further infor	mation con	cerning this matter, please ca	all:		
	lorman E	3. Ratner	at (561_)350-	6369 (S)	
Enclosed is a ch	Name of Page 1	erson following amount:		ytime Telephone Number	A 9: 30
□ \$25.00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

MAILING ADDRESS:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	eocity, LLC		
(<u>Name of the Limited Liabl</u> (A Florid	lity Company as it now appe la Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability (Florida document numberL11000062159	Company were filed on _	May 26, 2011	and assigned
This amendment is submitted to amend the following:			,
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :	
Salon I	ife Network, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:		 1	22
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:		(0) (0) (1) (1) (1)	
(Mailing address MAY BE A POST OFFICE BOX)		<u>`</u>	in o
B. If amending the registered agent and/or registered agent and/or the new registered office ade		on our records, <u>enter</u>	the name of the new
New Registered Office Address:			
	Enter Fl	lorida 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
- 			Add
			□ Remove
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			□ Remove
			Change
	<u> </u>	<u></u>	□ Add
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		***************************************	Remove
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	The state of the s	Marie Santa de Calabra
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n effective date is listed, the date n		(optional) ing or more than 90 days after filing.) Pursuant to 605.0
	block does not meet the applicable statute Department of State's records.	ory filing requirements, this date will not be lister
	separation of Sailo Victorias.	
record specifies a delay	ed effective date, but not an effe	ctive time, at 12:01 a.m. on the earlie
The 90th day after the r		5.00 cm, 6, 6, 12, 51 am 51 am 51 am
April 30	2016	
ted		
•••	A 4	(
		
	Signature of a member or authorized apres	Mo verificative of a member

Page 3 of 3

Filing Fee: \$25.00