

LO7000064108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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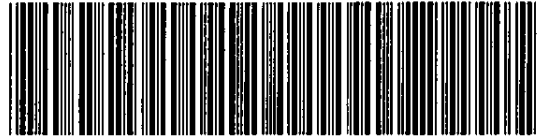
Special Instructions to Filing Officer:

A. LUNT

NOV 24 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 23 PM 1:28

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TI POUCHON CARIBBEAN SOUND 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:

CARMELOT DORSAINRRE

Name of Person

TI POUCHON CARIBBEAN SOUND LLC

Firm/Company

694 SW BAYSHORE BLVD

Address

PORT ST LUCIE, FL 34983

City/State and Zip Code

talksmartplus@yahoo.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carmelot Dorsainrre

Name of Person

at (954)

548-6966

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

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

TI POUCHON CARIBBEAN SOUND 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 October 28, 2009 and assigned
Florida document number L07000064108.

This amendment is submitted to amend the following:

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

VABRATION SOUND ENTERTAINMENT 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:

(Principal office address MUST BE A STREET ADDRESS)

694 SW BAYSHORE BLVD

PORT ST LUCIE, FL 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

694 SW BAYSHORE BLVD

PORT ST LUCIE, FL 34983

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TALLAHASSEE, FLORIDA

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:

MANICOLE DOL

New Registered Office Address:

6817 NW GRANGER AVE

Enter Florida street address

PORT ST LUCIE

, Florida

34983

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARMELOT DORSAINRRE	694 NW E TORINO PKWY # 212 PORT ST LUCIE, FL 34983	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Dated _____, _____.

Carmelot Dorsainrre

Signature of a member or authorized representative of a member

CARMELOT DORSAINRRE

Typed or printed name of signee