## L080000076406

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | Idress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL MAIL |
| (Bu                     | isiness Entity Nan | ne)       |
|                         |                    |           |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
| ·                       | A. LU              | NT        |
| ,                       | SEP 122            | 008       |
| E                       | EXAMIN             | JED       |

Office Use Only



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SECRETARY OF STATE. TAULAHASSEE, FLORIDA

TICED

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

September 7th, 2008

To Whom It May Concern:

Please see the attached amendment to our Articles of Organization for Vibrant Organization, Florida document number L08000076406.

My contact information is a follows:

Phone number:

C 954-214-9743

H 954-876-0236

Address:

9 Saranac Road

Sea Ranch Lakes, FL 33308

Thank you for your attention to this matter.

Leslie Pendergrast

Owner

Registered Agent

SECRETARY OF STATE TAULAHASSEE FLORIDA

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## **COVER LETTER**

| YO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Vibrant Organization, UC (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:  |
| Leslie Pendergrast (Name of Person)  VI brant Organizations, LUGG D  (Firm/Company)  A Saranac Rd.  (Address)  Ft. Lauderdale, FL (City/State and Zip Code)  33308 |
| <b>9</b> -   |
| For further information concerning this matter, please call:   |
| (Name of Person)  at (954) 214-9743  (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:  |
| □ \$25.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,  |
| Certificate of Status  Certified Copy (additional copy is enclosed)  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

|   | nization  |  |
|---|---|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited L   | ny <u>as it now appears on our records.</u> )<br>Liability Company) |  |
| The Articles of Organization for this Limited Liability Company Florida document number                                 | were filed on August 8, 2008 and assigned 406                       |  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |  |
| Vibrant Organ   | nizations   |  |
| The new name must be distinguishable and end with the words "Limi "L.L.C."  |   |  |
| Enter new principal offices address, if applicable:   | N/A FO  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | FLS 2   |  |
|   | 2   |  |
|   |   |  |
| Enter new mailing address, if applicable:   | Aln   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | a Saranae Rd.   |  |
|   | Ft. Landerdale, FL  |  |
|   | 33308   |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |   |  |
|   | <del></del>   |  |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  |   |  |
|   | (Enter Florida street address)                                      |  |
|   | , Florida   |  |
|   | (City) (Zin 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 |   |                                       |                   |  |
|--|---|---------------------------------------|-------------------|--|
|  |   |                                       |                   |  |
|  |   |                                       | Add Remove        |  |
| <del></del>  |   |                                       | Add Remove        |  |
| <del> </del>   | - <del></del>                             |                                       | Add Remove        |  |
|  |   |                                       | Domovo            |  |
|  |   |                                       | Add Remove        |  |
|  |   |                                       | <b></b>           |  |
| D. If amer   | nding any other information, enter chang  | ge(s) here: (Attach additional sheets | s, if necessary.) |  |
| -  |   |                                       |                   |  |
| _  |   |                                       |                   |  |
| Dated  | 9/2/08<br>September 2 <sup>-1</sup> , 200 | plu tendugia                          | st                |  |
|  | Leslie Pendera ra                         | or authorized representative of a mem | <u>.</u>          |  |

Page 2 of 2

Filing Fee: \$25.00