

L10000049638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300183345133

07/30/10--01022--020 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 19 PM 3:04

T. HAMPTON

AUG 20 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUN VIBES, 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:

MARSHA SIHA

(Name of Person)

INCFILE.COM

(Firm/Company)

10943 MAYFIELD RD

(Address)

HOUSTON, TX 77043

(City/State and Zip Code)

For further information concerning this matter, please call:

MARSHA SIHA

(Name of Person)

at ( 281 ) 235-7533

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 AUG 19 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 2, 2010

MARSHA SIHA  
INCFIL.COM  
10943 MAYFIELD RD  
HOUSTON, TX 77043

SUBJECT: SUN VIBES, LLC  
Ref. Number: L10000049638

We have received your document for SUN VIBES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 010A00018558

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

Sun Vibes, 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 5/7/10 and assigned

Florida document number L10000049638

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 19 PM 3:04

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Rachel Herman  
1613 Cherry Hill Lane  
Enter Florida street address  
Tallahassee, Florida 32312  
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.

Rachel Herman  
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

Title	Name	Address	Type of Action
	Member Matthew Herman	1613 Cherry Hill Lane Tallahassee FL 32312	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Member Rachel Herman	1613 Cherry Hill Lane Tallahassee FL 32312	<input checked="" type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

August 8, 2010

Kelly Pullam

Signature of a member or authorized representative of a member

Kelly Pullam - Member

Typed or printed name of signee

FILED  
10 AUG 19 PM 3:04  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS