F13000 141280

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	TIAW [MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		•
		;

Office Use Only



700303403617

09/28/17--01034--011 +∗30.00

17 SEP 28 AM IO: 28

S. WARREN SEP 2 9 2017

COVER LETTER

14

• • • • • • • • • • • • • • • • • • • •	ration Section on of Corpor			
SUBJECT:		Intellect Mu	isic, LLC	
	- · - · · · · ·	Name of Lin	nited Liability Company	
The enclosed Ai	rucles of Am	endment and fee(s) are sul	bmitted for filing.	
Please return all	corresponde	ence concerning this matter	r to the following:	
		K	m Patrick Murra	¥
			Name of Person	
			VIBRS	
			Firm Company	
		600	NE 27th 51	+ 2605
			Address	
		1	Miami. FL	33137
		kimp	Mlami, FL City/State and Zip Code MURRAYMD & GM	19.1.(om
	-	E-mail address:	(to be used for future annual rep	ort notification)
For further infor	rmation conc	erning this matter, please c	rall:	
K.	n Pakiu	Munay	at () Area Code	812-2555
	Name of Pe	rson	Area Code	Daytime Telephone Number
Enclosed is a ch	ieck for the f	otlowing amount:		
□ \$25.00 Filin	ig Fee	230.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclose	□ \$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

Inteller	of Music	LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appea d Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	11-08-2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company h	ere:	
VIBR8	•		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the c	fesignation "LLC" or the abbr	eviation "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 or	ı our records, enter th	ne name of the nev
registered agent and/or the new registered office address he	<u>ere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
		rida street address	
		, Florida	
New Registered Agent's Signature, if changing Registered Agen			Zip Code
	_	1. 1.2. 1	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been polified in position of this above.	te performance of s provided for in C ve address, I herei	my duties, and I and the Chapter 605, F.S. Of the history of the confirm that the limit	nilian with and

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = Manager AMBR = Authorized Member Title <u>Name</u> <u>Address</u> Type of Action _ 🗆 Add __□ Remove _____ Change □ Add ☐ Remove _□ Change □ Add __□ Remove ☐ Change \square Add □ Remove ☐ Change □ Add □ <u>Re</u>move _□ Change

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
,-		
		
Note: If to document the record) The 90	date, if other than the date of filing:	as the
Datad	9/18/2017	
Dated	→ → → → → → → → → →	
	Signature of a member or authorized representative of a member	ויי
	SSIA CONTRACTOR OF THE STATE OF	T T T
	Typed or printed name of sightee Typed or printed name of sightee Royal 2 of 3	<u></u>
	Page 3 of 3	

Filing Fee: \$25.00