L15000168858

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
	10	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nar	ne)
(00	siness Endty Nai	ne,
		. •
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
5:		
:		
ر پ		
C		
\$	4	
	62	3

Office Use Only



000342279260

04/28/20--01018--018 **298.74

R. WHITE MAY 10 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2020

SEAN MULLINS PENSACOLA VIBES 75 NIGHTINGALE LANE APT 103 GULF BREEZE, FL 32561

SUBJECT: PENSACOLA VIBES LLC

Ref. Number: L15000168858

We have received your document for PENSACOLA VIBES LLC and your check(s) totaling \$298.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 920A00009074

Shelia H Young Regulatory Specialist II

www.sunbiz.org

SUBJECT: Per	isacola Vibes		
•	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Se	an / Ulis Name of Person	
		Pensacola Vibes Firm/Company	
		tingale Lane	
	Gulf	City/State and Zip Code Ola vibes Camail. Code to be used for future annual report noti	61
	E-mail address: (ola vibes Camail. (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Sean / Name o	f Person	at (454) 304 - Area Code Daytim	5137 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	7	Division of Cor The Centre of T	Tallahassee
Tallahassee, I	TL 32314	2413 N. Monro	e Street, Suite 810

RECEIVED

APR 20 2020

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	LLC 400 12 mg
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{10/05/15}{}$ and assigned
Florida document number <u>L 15000</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	75 Nightingale Lane APT 103 Gulf Breeze, FL
(Principal office address MUST BE A STREET ADDRESS)	•
	32561
Enter new mailing address, if applicable:	75 Nightingale Lane APT 103 Gulf Breeze, FL
(Mailing address MAY BE A POST OFFICE BOX)	Gulf Breeze, FL
	32563
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address: 75 Nigh	Enter Florida street address EEZE , Florida 32561
Gulf Br	City , Florida 32561 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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

· or removed from our records:

MGR = · Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mas	Sean Mullins	75 Nightingule Lane APT 103	[] Add
Ü		75 Nightingale Lane APT 103 Gulf Breeze, FL	□Remove
		32561	□Change
			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	🗆 Add
		<u> </u>	□Removε
		□Change	
			□Add
			⊡Remov
			□Change

		•
		·
		····
. .		·· -
<u>.</u>	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
e of filing: specific and cannot be prior to oldoes not meet the applicable transment of State's records.	date of filing or more than 90 days e statutory filing requirements	optional) after filing.) Pursuant to 605.0 this date will not be listed
ective date, but not a is filed.	n effective time, at 12:0	01 a.m. on the earlier
,	[j:	
ature of a premier or authoriz	ed representative of a member	· · · · · · · · · · · · · · · · · · ·
1	sature of a member or authorize	nature of a member or authorized representative of a member