

L16000208001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

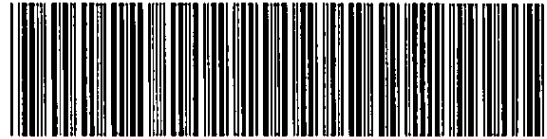
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

AUG - 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEYOUTIFUL VIBES CENTER 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:

Tamara Oliva
Name of Person

BEYOUTIFUL VIBES CENTER LLC
Firm/Company

9107 Fort Jefferson Blvd 32822 ORLANDO FL
Address

ORLANDO, FLORIDA 32822
City/State and Zip Code

Tamiherbalife86@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Oliva at (321) 274 7283
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BEYOUTIFUL VIBES CENTER V.V.C.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/14/2016 and assigned
Florida document number V 16000208001

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 contain 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)

4300 S SEMORAN BLVD
STE 207 ORLANDO FL
32827

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9107 FORT JEFFERSON BLVD
ORLANDO FL 32822

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:

Tamara Oliva

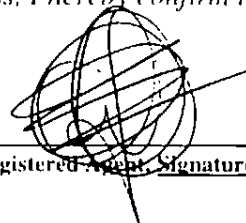
New Registered Office Address:

9107 FORT JEFFERSON BLVD
Enter Florida street address

ORLANDO Florida 32822
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 605, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Victor Oliva	530 Short Pine Cir	<input type="checkbox"/> Add
		Orlando FL 32807	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luz Perez	530 Short Pine Cir	<input type="checkbox"/> Add
		Orlando FL 32807	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tamara Oliva	9107 Fort Jefferson Blvd	<input checked="" type="checkbox"/> Add
		Orlando FL 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF COURT
JAIL ANASSEE, FLORIDA

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

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CLERK OF SUPERIOR COURT
STATE OF FLORIDA

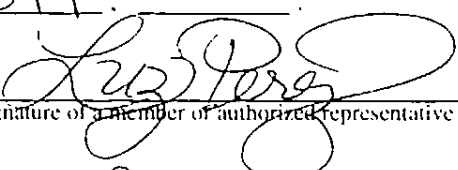
E. Effective date, if other than the date of filing: 08/01/17 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 8/3/2017



Signature of a member or authorized representative of a member

Luz Perez

Typed or printed name of signee