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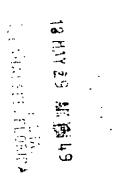
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J. LEGGETT MAY 29 2018

COVER LETTER

	egistration Sec vision of Corp			
ann mar		enewal, LLC		
SUBJECT	:		ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspor	ndence concerning this matter	to the following:	
		Nancy D. Johnson		
			Name of Person	
		Vibrance Renewal, LLC		
			Firm/Company	
		9825 SW 75th Way		
			Address	
		Gainesville, Florida 32608	3	
			City/State and Zip Code	
		Johnsonnd@gmail.com		
			to be used for future annual report notif	ication)
For further	information co	ncerning this matter, please ea	ıll:	
Nancy John	nson		352 641.0834	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vibrance Renewal, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it new appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on April 25th, 2017	and assigned
Florida document number L17000091425	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	王
Enter new mailing address, if applicable:		Low-
(Mailing address MAY BE A POST OFFICE BOX)		(<u></u>
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		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	Type of Action
AMBR	Althea Wright	9825 SW 75th Way	
		Gainesville, Florida 32608	■ Remove
			☐ Change
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fective date, if other than the date of filing:	(option	alt	
n effective date is listed, the date must be specific and cannot be prior to da	ate of filing or more than 90 days after fil	ing.) Pursu	
<u>ste:</u> If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	statutory filing requirements, this d	ate will no	ot be listed
·			
record specifies a delayed effective date, but not ar The 90th day after the record is filed.	n effective time, at 12:01 a.r	n. on th	e earlie
ted May 18th, 2018 ,,			
Many Defense Signature of a member or authorized			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00