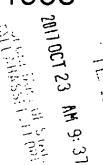
L17000116461

(Requestor's Name)
(Address)
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K. SALY OCT 2 4 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 659004 7 7968792
AUTHORIZATION: Commence and a series and a s
COST LIMIT : \$ 25.00
ORDER DATE : May 25, 2017
ORDER TIME : 9:45 AM
ORDER NO. : 659004-010
CUSTOMER NO: 7968792
DOMESTIC AMENDMENT FILING
NAME: BAD VIBES FOREVER PUBLISHING, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: _

CONTACT PERSON: Roxanne Turner -- EXT# 62969

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 OCT 23 AM 9:37
MICHAGASSTE FILOMORE

BAD VIBES FOREVER PUBLISHING, 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 Comp	any were filed on $\frac{05/25/20}{}$	and assigned					
Florida document number L17000116461							
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)							
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS	2						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because of New Registered Agent:	l office address on our i	records, enter the name of the new					
New Registered Office Address:							
	Enter Florida stree	ı address					
		, Florida					
New Parisonal Land Co.		Zip Coxle					
New Registered Agent's Signature, if changing Registered Age							
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comploaccept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of my dui us provided for in Chapter	ies, and I am familiar with and					

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>	Address	Type of Action
MGR	CLEOPATRA BERNARD	8825 WATERCREST CIRCLE WEST	₩ Add
		PARKLAND, FL 33076	D Remove
			Change
	 		□ Add
			C Remove
			Change 7
			Change
			Change
			Remove
			Change
			Remove
			Change
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ective date, if other than the date of fi	ing:	***************************************	_ (optional)	
effective date is listed, the date must be specific e: If the date inserted in this block does not	and cannot be prior to date of meet the applicable s	e of filing or more than 90 of tatutory filing requirem	lays after filing.) Pursuar ents, this date will not	и to 605.020 be listed a:
ument's effective date on the Department of	of State's records.			
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record specifies a delayed effectiv he 90th day after the record is file	ed.	enective time, at 1	z:u1 a.m. on the	earlier o
ed 0 9 1	<u> </u>			
	\bigcirc			
Similar o	f a member or authorized	representative of a member	r	
Signature				

Page 3 of 3

Filing Fee: \$25.00