

LI 7000 173 155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

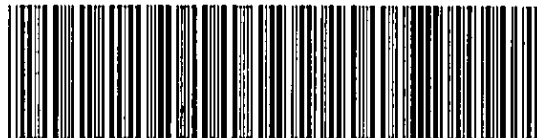
(Business Entity Name)

(Document Number)

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FILED  
2019 DEC 27 PM 2:17  
SECTION 11.00  
TALLAHASSEE, FL 32301

Y. SULKER

2019 07 2029

X



REC-110

2019 DEC 27 PM 12:04

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2019

GOOD VIBES DESIGN LLC  
14645 SW 173 ST  
MIAMI, FL 33177

SUBJECT: GOOD VIBES DESIGN LLC  
Ref. Number: L17000173155

We have received your document for GOOD VIBES DESIGN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 119A00025665

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Good VIBES DESIGN 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:

MIRNA DIAZ  
Name of Person

ABIAS CONSULTING INC  
Firm/Company

14645 SW 173 ST  
Address

MIAMI FL 33177  
City/State and Zip Code

ABIASCONSULTING@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRNA DIAZ at (786) 262 4853  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GOOD VIBES DESIGN 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 Company were filed on 08/14/2017 and assigned Florida document number L17000173155

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)

14645 SW 173 ST  
MIAMI FL 33177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14645 SW 173 ST  
MIAMI FL 33177

**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:

MIRNA DIAZ

New Registered Office Address:

14645 SW 173 ST

Enter Florida street address

MIAMI

City

Florida

33177

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>
<u>MGR</u>	<u>OSORIO DAVID</u>	<u>999 PONCE DE LEON BLVD</u>	<input type="checkbox"/> Add
		<u># 705</u>	<input checked="" type="checkbox"/> Remove
		<u>CORAL GABLES FL 33134</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>RUBEN R TARTAGLIA</u>	<u>14645 SW 173 ST</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL 33177</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>FABRIZIO TARTAGLIA</u>	<u>14645 SW 173 ST</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL 33177</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

REMOVE : OSORIO DAVID

ADD : RUBEN R. TARTAGLIA

ADD : FABRIZIO A. TARTAGLIA.

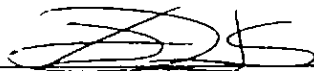
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 12 124 , 2019 .



Signature of a member or authorized representative of a member

RUBEN R. TARTAGLIA

Typed or printed name of signer