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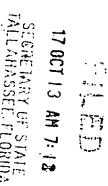
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OCT 16 2017

COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT:	Vibe Entertainm Name of Limite	ent LLC ed Liability Company	. – —
	mendment and fee(s) are subm		
,	•		
	Ange	Name of Person	
	<u> </u>	Entertainment	
	800 NW	171st Street.	· — ————
,	Miani gardens	F1 3316 9 City/State and Zip Code	·
	1, vibe may Ke	t aroup Damil. Com o he used for future Annual report noutic	cation)
For further information co	oncerning this matter, please ca	II:	
Angela Mei	. e r Person	at (305) \$42 <u>0</u> Area Code Daytime	O S S V Telephone Number
Enclosed is a check for th	o following amount:		
□ \$25.00 Filing Fee	S30,00 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)
Registi • Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32.	n ntions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app. (A Florida Limited Liability Company	
The Articles of Organization for this Limited Liability Company were filed on	9/25/2017 and assigned
Florida document number 117000 198 446	
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	te designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ACS:
•	7 OCT
Enter new mailing address, if applicable:	<u>SSE G J</u>
(Mailing address MAY BE A POST OFFICE BOX)	
	ORI CONTRACTOR
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address: Enter	Florida street address
	, Florida
	Any server
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in to	

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
A MBR	Fritz G Labrun	17400 N.E 10 AVC	_¤Add
		Mian. Fl 33162	Remove
	•		Change
AMBR	Marie M Marseille	2017 NW 4th Ct Unit 828	0 = 5 DAdd
		Minni F1 33177	
			Change
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					date of filing or m	ore than 90 days a g requirements.	fter filing.) Purs this date will	not be l	isted a
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Filing Fee: \$25.00