117000198446

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900304903059

18/26/17--81830--820 **30.08

17 OCT 26 AM 9: 44

O CT 27 2017

COVER LETTER

: Registration Sec Division of Corp		•	
вјест:	Vibe Entert	ciament LLC	
	Amendment and fee(s) are sub-		
ase return all correspo	ndence concerning this matter t	o the following:	
		Angela Matter	
•	<u>T</u>	Vibe Enterta	nment
,	<u>wn 608</u>	1715+ Street	
	Minni Garder	F1 331 62	
	E-mail address: ()	rketaron De Cmil	- <om></om>
further information c	oncerning this matter, please ca	ill:	
Angela N Name o	1 CTier	at (305) 842 - Area Code Daytime	Cost Telephone Number
closed is a check for the	he following amount:		
\$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy Gadditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			an annuae.

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

(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
e Articles of Organization for this Limited Li	
rida document number L17000198	•
is amendment is submitted to amend the follo	
,If amending name, <u>enter the new name of</u>	f the limited liability company here:
new name must be distinguishable and contain the w	rords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applic	
incipal office address MUST BE A STREE	T ADDRESS)
	· · · · · · · · · · · · · · · · · · ·
ter new mailing address, if applicable:	<u>, </u>
ailing address MAY BE A POST OFFICE	BOX)
gistered agent and/or the new registered of	flice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
,	, Florida
	City Zip Code
w Registered Agent's Signature, if changing	Registered Agent:
ovisions of all statutes relative to the proj	ed agent and agree to act in this capacity. I further agree to comply with the per and complete performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S. Or, if this document is registered office address, I hereby confirm that the limited liability schange.
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

Manager = Authorized Member		
<u>Name</u>	Address	Type of Action
Angela MeTi	cr 800 NW. 1715+ S+	To Add
·	Minmi Garden F	1, 33169 - Remove
		☐ Change
Fr: tz G Leb	MAN 17400 N.E. 10th	bb∧ (□ bb∧ ()
	Minni F1 331	\ (、
		Change
Meric M M	orseile 2017 NW 4" st w	<u>^``\\ \$2\$00\$</u> □ Add
	Wi-m. 81 37/8	7 B Remove
		Change
		17 001 2
	 · ··	Change
		Add
	. —	Remove
		☐ Change
	· ·	
		☐ Remove
		☐ Change

Page 2 of 3

						
<u></u>						
			-			
		=				
 -						
			•			
						<u></u>
				<u>-</u> -		HOUSING HE
				-		— <u> </u>
		_				
						•
	 . , _ _					
						2
						•
				_		
				–		-
			. 			
					. <u></u>	
tive date, if other than the date of f	to and common his print to	date of filing or me	ore than 90 c	(optiona lays after fili	ig.) Pursuan	t to 605.020' be listed a:
: If the date inserted in this block does a ment's effective date on the Department	not meet the applicant	le statutory filing	g requireme	ents, this da	te will not	be fisted as
ment 8 effective date on the Department	Continue of two continues					
ecord specifies a delayed effecti ne 90th day after the record is fil	led.				n, on the	earlier of
010/24/2017	- 4:00 pm					
od 10 /24 /2017	Ingela 97	No Lier-	of a membe			<u>-</u>

Page 3 of 3

Filing Fee: \$25.00