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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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September 3, 2019

GOOD VYBZ ENTERTAINMENT LLC 3521 W HILLSBORO BLVD #J201 COCONUT CREEEK, FL 33073

SUBJECT: GOOD VYBZ ENTERTAINMENT LLC

Ref. Number: L18000074008

We have received your document for GOOD VYBZ ENTERTAINMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the word in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled. If you did not misspell this word intentionally, please correct the spelling to read and resubmit the document for processing.

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.

Letter Number: 819A00018113

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

| SUBJECT: | GOOD VYBZ Er | HET tein MENT (ited Liability Company | LLC | |
|-------------------------|--|---|--|--|
| The enclosed Articles | of Amendment and fee(s) are sub- | mitted for filling. | | |
| Please return all corre | spondence concerning this matter | to the following: | | |
| | Jaign | Name of Person | | |
| | | Firm/Company | | |
| | 3521 W F | 3521 W HIISboro Blud # J201 | | |
| | Coconuter | CEKFL 330 | 13 | |
| | JAY She p Ho E-mail address: (1 | CARD MUSIC (0' 40 | thop com | |
| For further informatic | on concerning this matter, please ca | all: | | |
| Jamac Nan | al Sounders no of Person | at (786) 942 Area Code Daytim | e Telephone Number | |
| Enclosed is a check for | or the 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 enclose | |
| | HLING ADDRESS: | STREET/COURI Registration Section | | |

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

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GOOD VYBZ EI | ntestainment LLC d Liability Company as it now appears on our records.) A Florida Limited Liability Company) |
|---|--|
| (<u>Name of the Limite</u> () | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Lia Florida document number <u>L 180000</u> 7 | ability Company were filed on $03/22/i8$ and a 24008 |
| This amendment is submitted to amend the follow | wing: |
| A. If amending name, enter the new name of GOOD VY 65 NOT The new name must be distinguishable and contain the wo | the limited liability company here: HON LLC ords "Limited Liability Company," the designation "LLC" or the abbreviation " |
| Enter new principal offices address, if applica (Principal office address MUST BE A STREET | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE B | BON) |
| B. If amending the registered agent and/oregistered agent and/or the new registered off | or registered office address on our records, enter the name |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter El vida mana al la companya de la companya del la companya de la companya d |
| | Enter Florida street address |
| | , Florida |

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 conprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this does being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liable company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ag

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | <u>Type</u> |
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| . . | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an <u>No</u> t | retive date, if other than the date of filing: 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 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records. |
| | record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eather the record is filed. |
| Dat | ed Spt 24 2019. |
| | |
| | Signature of a member or authorized representative of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00