

L18000108282

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DIVISION OF CORPORATIONS

APR 12 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Good Vibes event Planning, 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:

Matthew T Steinmetz
Name of Person

Good Vibes event Planning LLC
Firm/Company

16595 112th Trail North
Address

Jupiter, FL 33478
City/State and Zip Code

Paravida445@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew T Steinmetz at 561 768-3330
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 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**

(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 4/30/2018 and signed
Florida document number L18000108282

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)

16595 112th trail North
Jupiter, FL 33478

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Paravida445@gmail.com

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:

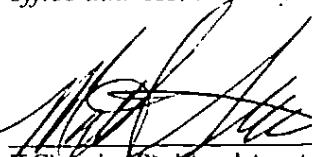
Name of New Registered Agent:

New Registered Office Address:

Matthew T Steinmetz
16595 112th trail North Jupiter,
Jupiter FL 33478
City State 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>
MGR	Matthew T Steinmetz	16595 112 th Trail North Jupiter, FL 33478	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Amy L OLSHANSKI		<input type="checkbox"/> Add
		1126 Commodore St Clearwater, FL 33755 UN	<input checked="" 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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated 11/11/2023, _____

Matthew T Steinmetz
Typed or printed name of signee