L18 000 141 190

(Requestor's Name)
(Address)
(Address)
(
(Cit. (Cha. 17) (Cha. 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900436463159

09/13/24--01027--006 **30.00

24 SEP 13 AN 5: 37

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJEC	~4**	'IBES LLC			
50051.	<u> </u>	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
Fieuse it	rturn att correspo	Omayra Lopez	to the following:		
			Name of Person		
		 	Firm/Company		
		1043 Upsala Rd Ste 1005			
		Sanford, FL 32771	Address		
		City/State and Zip Code omayra@rootedbodywellness.com			
For furth	ner information ed	E-mail address: (oncerning this matter, please e	to be used for future annual report notifall:	ication)	
Отауга	Lopez		407 501-7591		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed	d is a check for th	e following amount:			
□ \$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	NEATHER ADDRESS		2		

 $TO \cdot$

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

OM IRIE VIBES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 06/07/2018	and assigned
orida document number L18000141190		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1043 Upsala Rd Ste 1005	
Principal office address MUST BE A STREET ADDRESS)	Sanford, FL 32771	24.5
		<u> </u>
		Σή
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	 	<u> </u>
		37
i. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	, Flo	orida
	City	zip cow

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 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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing: [O9/05/2024] [Cective 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)([If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the rece	rd 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 iled.
Dated	<u>September 05. 2024</u> .
	September 05. 2024. Omana Jones Signature of a member of a member
	OMAYRA LOPEZ Typed or printed name of stunge

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations		
emmer.	OM IRIE V	/IBES LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return	all correspo	ndence concerning this matter	to the following:	
		Omayra Lopez		
			Name of Person	
			Firm/Company	
		1043 Upsala Rd Ste 1005		
			Address	
		Sanford, FL 32771		
			City/State and Zip Code	
		omayra@rootedbodywellne		
		E-mail address: (to be used for future annual report no	otitication)
For further in	nformation c	oncerning this matter, please ca	all:	
Omayra Lop	ez		407 501-7591 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	i check for th	ne following amount:		
□ \$25.00 F	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)
	iling Addres gistration S		Street Address: Registration S	ection
Div	rision of C	orporations	Division of Co	orporations
P.C). Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OM IRIE VIBES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on 06/07/2018	and assigned
Florida document number L18000141190		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1043 Upsala Rd Ste 1003	5
(Principal office address MUST BE A STREET ADDRESS)	Sanford, FL 32771	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, g	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	City	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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			[**] Chause

). It ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
E. Effecti	ve date, if other than the date of filing:
(If an effe <u>Note:</u>	ctive 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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the mt's effective date on the Department of State's records.
f the record ecord is fil	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 ed.
Dated _.	September 05 2024 Chama 2
	Signature of a member or authorized representative of a member
	OMAYRA LOPEZ
	Typed or printed name of signee

Filing Fee: \$25.00