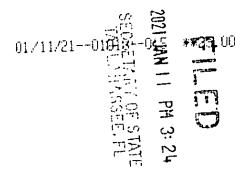
## L18000250808

(Reque	estor's Name)	
(Addie	ess)	
(Addre	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Доси	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	





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## COVER LETTER .

Registration Section

TO:

Div	ision of Corp	orations					
	Crystal Earth	vibes LLC					
SUBJECT:		Name of Limi	ted Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are subt	nitted for filing.				
Please return	all correspor	idence concerning this matter t	to the following:				
		Denise Yates					
			Name of Person		_		
			Firm/Company		-		
	•	3334 Stonebridge Trail					
			Address	<del>-</del>	- -	2	
		Valrico, FL 33596				1 I NAL 1202	·
		justbreatheyogi@gmail.com				=	1992
		E-mail address: (	to be used for future annual report noti	fication)	紹유	P	] đ
For further	information co	oncerning this matter, please ca	all:		STATE IMIS	PM 3: 24	
Denise Yat	es		813 777-9964 at ( )			_	
	Name of	f Person	Area Code Daytin	ne Telephone Numbe	ा	-	
Enclosed is	a check for th	ne following amount:					
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 F Certific Certific faddition	ate of S d Copy	tatus &	
R D P.	.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations	<b>010</b>		
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crystal Earth Vibes LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on ou mited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Com	pany were filed on 10/25/201	8 and assigned
Florida document number L18000250808		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
Denise M Yates LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<del></del>
Enter new mailing address, if applicable:		-111
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		ms in
B. If amending the registered agent and/or registered of	ffice address on our record:	s, enter the name of the new register
agent and/or the new registered office address here:		111
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
<del></del>			🗀 Add
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ective date, if other than the effective date is listed, the date must be: If the date inserted in this bloument's effective date on the De	be specific and o ock does not mo	annot be prior (	to date of filing the date of filing the statutory is	or more than 90 o	_ (optional) lays after filing ents, this date	.) Pursuan	it to 605,020 be listed a
cord specifies a delayed effective s filed.	date, but not a	n effective tii	ne, at 12:01 a	m, on the earli	er of: (b) T	he 90th d	ay after th
January 7th		2021					
		77	7				
			rized represent				