## 48000 283017

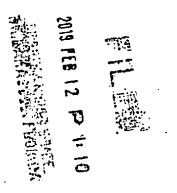
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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02/12/19--01005--014 ++25.00



FEB 2 0 2013 T. LEMEUX

### **COVER LETTER**

SUBJECT:	VibeMe L L.C.			
, on the second	Name of Lim	ited Liability Company	···	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Katelyn Cammardella		
		Name of Person		<del></del>
		VibeMe L.L.C.		
		Firm/Company		
		709 nw 9th ave		
		Address		
		Gainesville, FL 32601		
		City/State and Zip Code		
	P. July M. Lingson	VMPartners99@gmail.com to be used for future annual		·
For further information	concerning this matter, please co			((1))
Nimm	Katelyn Cammardella of Person	at ( <u>727</u> ) Area Code	946-2930	lephone Number
Name	of Person	Area Code	Daytime re	reprone Number
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

•

TO:

**Registration Section Division of Corporations** 

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

# TO ARTICLES OF ORGANIZATION OF

			经上	1003-34
(Name of the Limited	<u>Liability Company</u> Florida Limited Liab	<u>as it now appears</u> oility Company)	on our records.) \$!^ [	parts the same same.
The Articles of Organization for this Limited Lial Florida document number	oility Company we  ving:	ere filed on	12/10/201 <b>0019 FEB</b>	12 and also Local
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ole:	709 NW 9	TH AVE	
(Principal office address MUST BE A STREET		Gainesville	, FL 32601	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST ÓFFICE BOX)			W 9TH AVE ville, FL 32601	
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on	our records, <u>enter</u>	the name of the I
Name of New Registered Agent:	Katelyn Ca	ammardella		
New Registered Office Address:	709 nw	9th Ave		
		Enter Florid	la street address	
	Gainesv	ille	, Florida	32601
		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 Charging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dorothea Delgado	729 NW 9th Ave	Add
		Gainesville, FL 32601	☐ Remove
			☐ Change
MGR	Paul Thomas	1270 GULF BLVD APT 1104	Add
		Clearwater, fl 33767	□ Remove
			Change
MGR	Katelyn Cammardella	709 nw 9th ave	Add
		Gainesville FL 32601	□ Remove
			☐ Change
	···		□ Add
		<u> </u>	Remove
			Change
<del></del>	<del></del>		🗖 Add
		<del></del>	□ Remove
			Change
	<del></del>	<del></del>	
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Change

•	· · · · · · · · · · · · · · · · · · ·
,	
2 filosof	ive date, if other than the date of filing: (optional)
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	02-08-19
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	$\cdot$

Page 3 of 3

Filing Fee: \$25.00