

L1700012410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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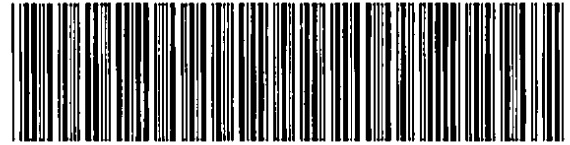
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

JUN 19 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vibe: a hair company
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:

Samantha Stark
Name of Person

Vibe: a hair company
Firm/Company

2730 US 1 SOUTH SUITE M
Address

St. Augustine, FL 32086
City/State and Zip Code

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

For further information concerning this matter, please call:

Samantha Stark at (904) 814-7714
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Vibe: a hair company, LLC

(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 5/14/2019 and assigned Florida document number L19000132415.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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	Samantha Stark	305 Sweet Laurel Ct	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joshua Stark	305 Sweet Laurel Ct	<input type="checkbox"/> Add
		St. Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joshua Stark	305 Sweet Laurel Ct	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SEAL OF THE
TAMU LIBRARY

7-11-60
2019 JUN -3 PM 10:13
SENDER: 100-100000
MAIL ROOM: 100-100000

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)

If the record 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 record is filed.

Dated may 30 . 2019

837K Sign

Signature of a member or authorized representative of a member

Samantha Stark

Typed or printed name of signee