L19000173125

(Requestor's Name)
(Address)
, ,
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PICK-UP WAIT MAIL
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

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VIBRATIO	ON LABS LLČ	•	*	
BJECT:	<u> </u>	ited Liability Company	6.	
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
ease return all correspo	ondence concerning this matter	to the following:		
	JAMIN BRAHMBHATT			
		Name of Person		
		Firm/Company		
	244 SIENA GARDENS C	IRCLE		
		Address		
	GOTHA, FL 34734			
		City/State and Zip Code		
	REEMA@JNSASSOCIAT			
	E-mail address: (to be used for future annual report notif	ication)	
r further information o	concerning this matter, please c	all:		
EEMA SHETH		407 253-5330 at ()		
Name (of Person	Area Code Daytime	e Telephone Number	
closed is a check for t	he following amount:			
] \$25,00 Filing Fee	S30,00 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 Addre	<u>ss:</u>	Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee.			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2821 5-

2021 FEB - 3 AM	AM c.	2.1
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VIBRATION LABS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ne Articles of Organization for this Limited Liability Company orida document number 1.19000173125	were filed on $\frac{07/03/2019}{}$ and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	ility company here:
OONTELLC	
e new name must be distinguishable and contain the words "Limited Liabil	hity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	8815 CONROY-WINDERMERE ROAD #361
rincipal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32835
nter new mailing address, if applicable: <u>failing address MAY BE A POST OFFICE BOX)</u>	8815 CONROY-WINDERMERE ROAD #361 ORLANDO, FL 32835
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
y Registered Agent's Signature, if changing Registered Agent:	

treby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ipany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

removed from our records: GR = Manager MBR = Authorized Member			2021 FEB - 3 AM 6:31	
vibk = A	Name	Address		Type of Action
				□Add
				□Remove
				□ Change
				□Add
				□Remove
				□Change
				□Add
				Петюче
				□Change

□Ветюче

__ □Remove

__ □Remove

_ □Change

_____ □Change

_____ 🗆 🖂 Add

______ □Change

	ding any other information, enter change(s) here:. (Attach additional sheets, if necessary.)
	2021 FEB -3 AM 6: 31
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te: It	e date, if other than the date of filing: (optional) tive 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 The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
cord s file	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 d.
ed_	1/30/2021 204
	Signature of a member or authorized representative of a member
	Jamin Brohmbhatt Typed or printed name of signee