

L19000 201 69

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

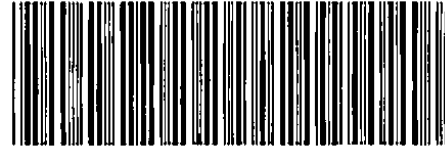
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
FILING OFFICE  
FIDELITY, MO

SULKER

SEP 30 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2019

MR. VIBE, LLC  
2821 SOUTH BAYSHORE DRIVE APT  
MIAMI, FL 33133

SUBJECT: MR. VIBE, LLC  
Ref. Number: L19000201693

We have received your document for MR. VIBE, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 519A00017749

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MR. VIBE, LLC

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:

RECEIVED  
2019 SEP 26 PM 12:30

Barry H. Platnick

Name of Person

Serling Rooks, et. al

Firm/Company

895 Ivy Hill Road

Address

Woodmere, NY 11598

City/State and Zip Code

charleshocky@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry H. Platnick

917

520-4177

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

sent prev

## 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

TO  
ARTICLES OF ORGANIZATION  
OF

MR. VIBE, 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 August 07, 2019

Florida document number L19000201693.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MR. VIBES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

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 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 amendment 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

**or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

**Title**

**Name**

**Address**

\_\_\_\_\_

[illegible]

\_\_\_\_\_

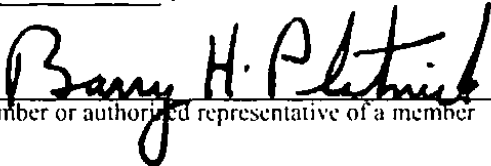
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Lined area for text entry.

E. 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  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not  
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the  
(b) The 90th day after the record is filed.

Dated September 23, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Barry H. Platnick  
\_\_\_\_\_  
Typed or printed name of signer