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Division of Corp	orations	ı	
SUBJECT: VID	<u>Yations</u> X	LLC	, · · · · · · · · · · · · · · · · · · ·
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Randane	Robinson	
	•	Name of Person	
	<u></u>		
		Firm/Company	207
	9200 cha	Address Address	2021 JAN 1
	Groveland	fl 3473 (City/State and Zip Code	2
-	<u> Yandane</u> Yobinsi	OF USED Future annual report in	Offication)
For further information conc	eerning this matter, please call:		
Randone &	Zorinson	_at (954) 754	me Telephone Number
Enclosed is a check for the fo	oflowing amount:		
r=-		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclos

TO:

Registration Section

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

_Vibrationsx LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900 257517</u>	were filed on 10 114 2019 a
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab LOGIC Enterprise LLC The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9200 chandler dr 9200 chandler dr
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9200 chandier dr graverand, fr. 34
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Co

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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this dbeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia company has been notified in writing of this change.

anticizing Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> **Address** Typ ______ OR ______ □Ri ______ΟΛι

	nending any other information, enter change(s) here: (Attach additional sheets, if nece	ssary.)	
			
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	ive date, if other than the date of filing: [coption] [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil. If the date inserted in this block does not meet the applicable statutory filing requirements, this direct's effective date on the Department of State's records.	al) ing.) Pursi ate will n	ot
ora is t		The 90th	d
Dated	January 2nd 2021. 2021. Signature of a member or authorized representative of a member		
	L. Potomise		
	Signature of a member or authorized representative of a member Randant Robinson Typed or printed name of signer		
	$P_{\alpha,\alpha}$ days $Q_{\alpha,\alpha}$		

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