## 120000045261

(Re	equestor's Name)	
(Ac	ddress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(BL	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		6/36/31





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## **COVER LETTER**

	Registration So Division of Cor			
SUBJEC	HIGHER V	/IBEZ HEADQUARTERZ LL	· ·	e
		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub ondence concerning this matter	-	
		JENISE BORRERO		
			Name of Person	
		HIGHER VIBEZ HEADQ	UARTERZ LLC	
			Firm/Company	
		241 NW 167TH STREET		
			Address	
		NORTH MIAMI BEACH,	FL 33162	
			City/State and Zip Code	
		highervibezheadquarterz@g  E-mail address: (	gmail.com to be used for future annual report noti	fication)
For furthe	er information c	oncerning this matter, please ca		,
	30RRERO		786 461-7505	
	Name o	'Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	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)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AND ARTICLES

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

N. A.N. & Some Oak - The

HIGHER VIBEZ HEADOUARTERZ LLC

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The Articles of Organization for this Limited Liability Company were filed on 02/07/2020 \_\_\_\_ and assigned Florida document number L20000045261 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 "LLC." 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_

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

MGR = M $AMBR = A$	Tanager Authorized Member		21 HAY 25 PHI	N. Jan
<u>Title</u>	<u>Name</u>	Address	21 HAY 25 PH	2: 46 Type of Action
MGRM	CESAR RIVAS	1421 NW 103 ST		
		STE 345		
		Miami, FL 33147		
MGRM	MICHAEL RIVAS	1421 NW 103 ST		
		STE 345		
		Miami, FL 33147		
				□Add
				🗆 Remove
				□Add
				□Remove
				□Change
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	(optional) in 90 days after filing.) Pursuant to 605.0207 direments, this date will not be listed as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	earlier of: (b) The 90th day after the
ated May 18 2021	
May 18  Jenuse Borrero  Signature of a member or authorized representative of a n	ambar
JENISE BORRERO	entitel