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COVER LETTER

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Registration Section

TO:

Division of Cor	porations		
FASHION SUBJECT:	VIBES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALEJANRO ROCHE		
		Name of Person	
	FASHION VIBES LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	.=-
	10370 NW 128 TERRACE	<u>.</u>	
	-	Address	
	HIALEAH GARDENS		
		City/State and Zip Code	
	A.RTRADE@HOTMAHC	TOM to be used for future annual report to	otification)
For further information c	oncerning this matter, please c		
ALEJANDRO ROCHE		305 4313083 at()	
Name o	f Person	Area Code Dayt	ime Telephone Numbei
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	·
Registration S Division of C		Registration S Division of C	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

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

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	gars on our records.)	
(A Florida Limited Liability Company	')	
The Articles of Organization for this Limited Liability Company were filed on $\underline{\mathbb{C}}$	02/28/2020 and assig	gned
lorida document number L20000066320.		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company." the	e designation "LLC" or the abbreviation "L.L.	.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	2020 2020	
	<u>>∞ AP</u>	
	ASSE	-
nter new mailing address, if applicable:		<u>-</u>
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office address on our gent and/or the new registered office address here: 	records, <u>enter the name of the new i</u>	regi
Name of New Registered Agent:		
New Registered Office Address:		
Enter F.	lorida street address	
	, Florida Zip Code	
City	Zip Code	

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>	Address	Type of Action
MGR	FLORES, FIDEL	8186 NW 99 TERRACE	□Add
		MIAMI LAKES, FL 33016 US	□ Remove
			■Change
			☐Add
			□Remove
			Change
			2020 APR □ Add
			Remove
			表別 ラム の Change
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			□Remove
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ective date, if other than the date of filing:			(optional)	
reffective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a	applicable stat			
cument's effective date on the Department of State's rec	cords.			
cord specifies a delayed effective date, but not an effect	tive time, at 1	2:01 a.m. on the e	arlier of: (b) The	90th day after t
s filed.				
04/01/2020				
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Filing Fee: \$25.00