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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:		STMENT GROUP LLC	·	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	indence concerning this matter	to the following:	
		STEPHEN SMITH		
			Name of Person	
		E&J INVESTMENT GRO	UP LLC	
			Firm/Company	
		3408 SOUTH ATLANTIC	AVENUE STE 154	
			Address	
		DAYTONA BEACH SHO	RES, FL 32118	
		-	City/State and Zip Code	
		FL407REALESTATE@GN		
			to be used for future annual report notifica	ition)
For further i	information c	oncerning this matter, please ca	all:	
STEPHEN.	SMITH		407 413-3317	
-	Name o	l'Person	at () Area Code Daytime T	elephone Number
Enclosed is	a check for th	ne 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)
Re	ailing Addres	Section	Street Address: Registration Section	
IJ	vision of C	orporations	Division of Corpo	rauons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

E&J INVESTMENT GROUP 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	wore filed on 06/16/202	0 and recimed
	were med on	and assigned
Florida document number L20000167339		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
POSITIVE VIBES INVESTMENTS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	on "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:		s, enter the name of the new registered
ngen und a me new regime ed onice uddi eta nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		Flacida
	City	, Florida 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 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

Note:	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
If the rece record is f	