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A. BUTLER MAY 11 2022

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Vibes Del Alma 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:
Ashley Podriquez  Name of Person  Vibes Del Alma LLC  Firm/Company
Sanford FL 32771  City/State and Zip Code  Ashley 121 @ mail. Usf. cdu  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ashley hodriguez at (813) 300-82010  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$\Bigcup \$30.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

FILED

Vibes Del Alma, LLC (Name of the Limited Liability Compan (A Florida Limited Li	2022 APR 15 PH 3: 30
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L2000341089</u> .	TALL STATE
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	Wellness LLC
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida  City Zip Code
	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 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 Egistered 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:

or removed from our records:	
MCX = Manager	
AMBR = Authorized Member	

Title	<u>Name</u>	<u>Address</u>	Type of Action
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	Ashley L. Radriquez Martinez  Typed or printed name of signee
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## RECEIVED

2022 APR 15 AM 8: 04

# FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FL

March 24, 2022

**ASHLEY RODRIGUEZ** 152 LONDON FOG WAY SANFORD, FL 32771

SUBJECT: VIBES DEL ALMA LLC Ref. Number: L20000341089

We have received your document for VIBES DEL ALMA LLC and your check(s) totaling \$25.00. 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.

Anissa Butler Regulatory Specialist II

Letter Number: 522A00006983



### RECEIVED

2022 APR 15 AM 8: 04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETAR I LESTATE
TALLAHASSEE, FL

March 24, 2022

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Letter Number: 522A00006983

Anissa Butler Regulatory Specialist II

www.sunbiz.org



RECEIVED

2022 MAR 18 AM 7: 56

SECRETARY OF STATE TALLAHASSEE, FL

March 8, 2022

. . . . . .

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Anissa Butler Regulatory Specialist II

Letter Number: 022A00005486

Ashluy Prodriguez Martinez 152 Landon Fag Way Sanford FL 32771 ashley 121 @ mail. Usf. edu (813)-300-8206

Florida Department of State

To whom it may concern,

My daytime phone number is listed above. I also listed the return address above.

Best Regards,

Ashley L. Rodriguez Martinez