L21000078745

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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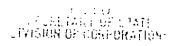
21 HAR 19 PH 12: 56

COVER LETTER

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NEOVIBE				-11 ₋ C	21 MAR 19	PH 12: 56
(Name of	f the Limited Liabil	ity Compan	y as it now ap	pears on our re	cords.)	
•	(A Florid	la Limited Li	ability Compar	ıy)		

(A Florida Li	imited Liability Company)	 -
The Articles of Organization for this Limited Liability Con Florida document number <u>L2100078745</u>		uary 16,2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:	···	
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	Zip Code

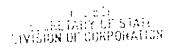
New Registered Agent's Signature, if changing Registered Agent:

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 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



□ Change

<u>Title</u>	<u>Name</u>	Address 21 MAR 19	PM 12: 56 Type of Action
<u>AMBR</u>	YEN NHI THILE	1025 Entrance Rd, A	000 P20√1(<u>6 33 82 S</u> □Add
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amending any other in				วกที่รักษ์	ôř CONFORATION
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Tective date, if other th	an the date of filing	;		(optional)
an effective date is listed, the openion of the control of the date inserted in	date must be specific and of	cannot be prior to o	late of filing or more th	ıan 90 days after filing	g.) Pursuant to 605.02
ocument's effective date of				,	
record specifies a delayed	offective data but not o	n offactive time	at 12:01 are on th	o parliar of (b). T	ha OOth day after t
is filed.	enective date, but not a	ni chechve dine	, at 12.01 a.m. on u	e earner or. (b)	ne 9001 day after t
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