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COVER LETTER

TO: Registration So Division of Cor		;		
SUBJECT: <u>SHO</u>	P VIBE TEES	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are suf	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lauren	Hanger Name of Person		
	Shop Vibe	- Tees LLC Firm/Company		
	4407 Mile	Y RO acl Address		
	Plant at	U/Florida 3 Ocity/State and Zip Code	3565	
	Shupthe v E-mail address: (to be used for future annual report no	11. COM	
For further information co	oncerning this matter, please c	alt:		
Lauren t	tanger Person		5-70-28 mc Telephone Number	3
Enclosed is a check for th	e following amount:		L 2 A.,	: -
SV \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status &— Certified Copy (additional copy is enclosed)] ;
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Co	orporations	Division of Co		
P.O. Box 632		The Centre of		
Tallahassee, F	L 52514	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on April 27, 2021 and assigned
Florida document number <u>L2100019460</u> 0	V .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "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: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered
New Registered Office Address.	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cuy Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
<u>AMB</u> R	Lauren Hanger	4407 miley Road	ts/Add
		Plant City FL. 33565	2 □Remove
			□Change
		·	🗆 Add
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			□Change

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	<u> </u>
Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ng or more than 90 days after filing Pursuant to 605.0207 (2) ry filing requirements, this date will not be listed as the
he record specifies a delayed effective date, but not an effective time, at 12:01	a mon the earlier of: (b) The 90th day after the
ord is filed.	
Dated May 23, 2021.	
. 0	
Signature of a member of authorized represer	intative of a member

Filing Fee: \$25.00