L21000277135

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations			
SUBJECT: MTU	Vidalia. 11.C		
Bar evj	Name of Limi	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Lacti	J Stein mann Namehor Person	
	1 0.	1. 1. 1	
	<u> </u>	Firm/Company	
	G) -	1104 N 4011	
	2/7	Address	
	Maria	or Ki Allan	
	- Nab.	City/State and Zip Code	
	Men	My liamaga ail abit	
-	E-mail address: (1	o be used for future annual report notice	heation)
For further information conc	erning this matter, please ca	all:	
Men Steinm	MMM	129 791-100	44
Name of re	rson	Area Code Daytim	e Telephone Number
Enclosed is a check for the fo	ollowing 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)
Mailing Address: Registration Sec	tion	Street Address: Registration Sec	ction
Division of Corp		Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

laceu vidalia.	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	· ··
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2100M17135</u>	were filed on $0.015 2021$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Vibrant Vidalia LLC		
The new name must be distinguishable and contain the words "Limited Liabil	hity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	512 41St Ave NW	21
(Principal office address MUST BE A STREET ADDRESS)	Maples, 4L 34120	231
		· :
		()
Enter new mailing address, if applicable:	512 41st Ave NIW	
(Mailing address MAY BE A POST OFFICE BOX)	Napia FL 34120	
Training data cos 14111 Day, 1 Got Of 1 1 Got Down		7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or,	familiar with and if this document is

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>	<u>Address</u>	Type of Action
			☐Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Remove
		□ Change	
		Remove	
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			□ Remove
			Change

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(If an effe Note:	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the only of the date on the Department of State's records.
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Harus Stimmer
	Signature of a member or authorized representative of a member
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