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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

RLOPS@PARASEC.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIBE TRIBE LABS LLC

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Help

To: 18506176381 From: 19165767036 Date: 10/22/21 Time: 8:37 AM Page: 03/06

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linb			2
(A Flori	ility Company as it now app ida Limited Liability Company	ears on our records.) y)	CT 2
The Articles of Organization for this Limited Liability Florida document number <u>L21000392017</u>	Company were filed on	09/02/2021	and assigned of All
This amendment is submitted to amend the following:	 -		
A. If amending name, enter the new name of the lin	mited liability company	here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," th	te designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADE	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		r records, enter the na	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:	Enter f	londa street address	
New Registered Office Address:		Florida street address , Florida _	
New Registered Office Address: New Registered Agent's Signature, if changing Register	City		Zip Code

D-- ID: E4250E22025----0(440540424640--45444-2-4

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176381 From: 19165767036 Date: 10/22/21 Time: 8:37 AM Page: 04/06

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
AMBR	AUBREY AVERETTE	837 10TH AVE S	🗆 Add
		JACKSONVILLE BEACH, FL 32250	
			□ Change
			□ Add
			□Remove
			DChange
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			🗆 Add
			⊟Remove
			Change
			🗆 Add
			Remove
			🗆 Change

· To: 18506176381 From: 19165767036 Date: 10/22/21 Time: 8:37 AM Page: 05/06

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	Dated October 19 2021	Dated October 19 2021
ord is filed.	Jordan McCullers Signature of a member or authorized representative of a member Tordon McCullers	and Quil and
Dated October 19 2021	Secretaria of a market and a market and a market	gream mounters

Filing Fee: \$25.00