

L21000392187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

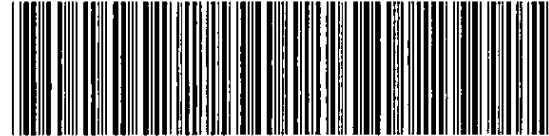
(Document Number)

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11/13/23--01031--017 \*\*25.00

FILED ON 10/30/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Visionary Vibes 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:

Ariana Cannon  
Name of Person

Visionary Vibes  
Firm/Company

5321 SW 6th ST  
Address

plantation FL 33317  
City/State and Zip Code

lionqueen1of1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ariana Cannon at (754) 224-8307  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Visionary Vibes LLC

Visionary Vibes LLC

5321 SW 6th St  
Plantation FL, 33317

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>                      |
|--------------|-------------|----------------|--|
|              |             |                | <input type="checkbox"/> Add               |
|              |             |                | <input checked="" type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change            |
|              |             |                | <input type="checkbox"/> Add               |
|              |             |                | <input type="checkbox"/> Remove            |
|              |             |                | <input type="checkbox"/> Change            |
|              |             |                | <input type="checkbox"/> Add               |
|              | N/A         |                | <input type="checkbox"/> Remove            |
|              |             |                | <input type="checkbox"/> Change            |
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|              |             |                | <input type="checkbox"/> Remove            |
|              |             |                | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A


E. 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 filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 10/30/2023, \_\_\_\_\_



Signature of a member or authorized representative of a member

Ariana Cannon

Typed or printed name of signee