# L21000392187

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FILED on 10/30/23

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: VISIONARY VIDES 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:	
Aciana Cannon Name of Person	
Visional Vibes	
5321 5W 6th 5T	
Plantation FL 33317  City/State and Zip Code  1ion 9 Deen 1 of 1 @ Omail 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 at (754) Daytime Telephone Number	<u> </u>
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status} \$\subseteq \text{\$55.00 Filing Fee & Certificate of Certific	f Status & Dy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Visonary Vibes	S LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>121000392187</u> .	were filed on $9/02/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile  Vision VI VIDES LLC  The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable:	5321 SW 6th St
(Principal office address MUST BE A STREET ADDRESS)	Plantation FL, 33317
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
$\Lambda)/A$	. Florida
10//1	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided 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 Type of Action **Address** <u>Title</u> <u>Name</u> □ Add ☑ Remove Change \_\_ □Add Remove Change  $\square$ Add □Remove □Change  $\Box$ Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗀 Add □Change \_ 🗆 Add Remove \_ Change

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an effective date i ote: If the date	inserted in this block	specific and cannot be pr	dicable statutory filing	(option: ore than 90 days after filing requirements, this day	al) ng.) Pursuant to 605.0207 ate will not be listed as
record specifies is filed.	a delayed effective da	ate, but not an effective	e time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
ated 10/30		,			
	Ran	1000	uthorized representative		
	Sig	nature of a member or au	ithorized representative	of a member	