## L21000428380

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SECRETARY OF STATE TALL AMASSEF, TI OPIN,

## **COVER LETTER**

TO: Registration Sect Division of Corp			
SUBJECT:	xury Vybez	Huokah UC	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Kenyetia	Crosciale Name of Person	
		Vibe Event	
		rary Blud West	
	lauderhill	Floricla 333 City/State and Zip Code	13
	Crosdale -	o be used for future annual report notifica	tion)
For further information cor	ncerning this matter, please ca	II:	
Kenyetia	(rosdate	at (454) 268 - 40 Area Code Daytime To	409
Name of I	terson	Area Code Paytille B	ereprione (sumber
Enclosed is a check for the	1		
□ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Address:</u> Registration Se		Street Address: Registration Section	
Division of Co	rporations	Division of Corpo	rations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ookan LLC
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were fill Florida document number $\underline{L21000428380}$ .	ed on 9292021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability cor</u>	npany here:
Luxury Vibe Events	LLC
The new name must be distinguishable and contain the words "Limited Liability Comp	any," 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 address agent and/or the new registered office address here:	on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
City Name Descriptional Asset? Community of abancaing Descriptoral Assets	Zη) Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree to accept so all statutes relative to the proper and complete performaccept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	nance of my duties, and I am famillar with and d for in Chapter 605, F.S. Or, IIIIs, dement is

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
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
		□Change	
		□Add	
			Remove
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		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	tive date, if other than the date of filing:
the rece	ord 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 filed.
Dated	1 10/6/2022 11:37am. 1 Cuesdall
	Musdule
	Signature of a member or authorized representative of a member
	Kenyetta Crosdale  Typed or printed name of signee

Filing Fee: \$25.00