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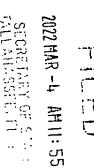
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Tomorrows SUBJECT:	Vibes LLC		
obsect.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Danielle Ahmed		
		Name of Person	
	Tomorrow's Vibes, LLC		
		Firm/Company	
	111 N 12th Street, Unit 15	20	
		Address	
	Tampa, FL 33602		
		City/State and Zip Code	
	tomorrowsvibesent@gmail.		
		to be used for future annual report notif	ication)
or further information c	oncerning this matter, please c	aii:	
Danielle Ahmed		417 214-6246 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAR -4 AH 11:55

TomorrowsVibes LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

TALL AHLESSEE. STA

The Articles of Organization for this Limited Liability Co Florida document number 1.22000026288	ompany were filed on 1/12/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Tomorrow's Vibes LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	y
	, Flo	Orida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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
MGR	Tyler Hart	111 N 12th Street, Unit 1520	
		Tampa, FL 33602	≡ Remove
			□Change
MGR	Ossilot Skyhaus	111 N 12th Street, Unit 1520	= Add
		Tampa, FL 33602	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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Note:	ive date, if other than the date of filing: [cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	rd 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 led.
	led. February 7 2022
ord is fi	led. February 7 2022