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(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	alve Marketiu	g (IC)	e y 1
	Name of Limit	ct Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Kelne	Name of Person	
	<u>5</u> Sto	Seafood U	C 2022 JU
	2031 N	JW 331d St	2022 JUL 11 PH 2: 2
	Hiami	Fl 33142	H 2: 2
	- Kelne	City/State and Zip Code City/State and Zip Code Obe used for future annual report holif	na. 1. com
For further information co	oncerning this matter, please ca	all:	
<u>Kelner</u>	Calue	"' <u>' </u>	3227 Telephone Number
Enclosed is a check for th	e 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Galue Mark	etina 1	LL C				
(Name of the Limited Liab (A Flori	ility Company as i da Limited Liabilit	t now appears on or y Company)	ar records.)		_	
The Articles of Organization for this Limited Liability Florida document number L220001 778		filed on <u>April</u>	13 20	22 and	d assign	ıed
Florida document number L22001 110	<u>4 1</u> .					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lii	mited liability c	ompany here:				
Inspired Vibes Ha	irketing	UC				
The new name must be distinguishable and contain the words "Li	imited Liability (Co	npany," the designat	ion "LLC" or the	abbreviatio	n "L.L.C	
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADD	DRESS)			<u> </u>	2::	
					(-)	•
				:11	7=	
Enter new mailing address, if applicable:				· ·		 _
(Mailing address MAY BE A POST OFFICE BOX)					<u> </u>	
					$\ddot{\omega}$	٠.,
						
B. If amending the registered agent and/or register agent and/or the new registered office address here		ss on our record	s, <u>enter the n</u>	ame of the	e new ro	<u>egistered</u>
Name of New Registered Agent:						
New Registered Office Address:						
		Enter Florida stre	et address	•		
			, Florida			
	C	ity		Zip C	ode	

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>	Name	Address	Type of Action
·			
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		 	□ Change
			□Add
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