

422000336519

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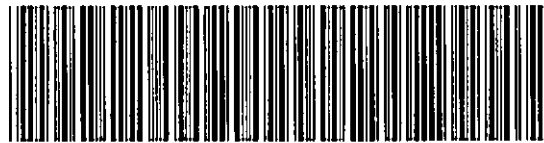
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 AUG 15 PM 12:40

3000  
NOV 03 2022

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Atomic 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:

Patrick Simon  
Name of Person

Atomic Vibes LLC  
Firm/Company

2234 Yalta Ter  
Address

North Port, FL 34286  
City/State and Zip Code

AtomicVibes365@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Simon at (404) 246-6334  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Atomic Vibes LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08-01-2022 and assigned Florida document number L22000336519.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 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 on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City* *Zip Code*

**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 Changing Registered Agent, Signature of New Registered Agent



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

Please also remove all comments in "Article III : Other provisions".

Multiple horizontal lines for amending information.

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 August 12TH, 2022

Handwritten signature over a line, with text "Signature of a member or authorized representative of a member" below it.

Patrick Simon

Handwritten signature over a line, with text "Typed or printed name of signee" below it.

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L22000336519  
FILED 8:00 AM  
August 01, 2022  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:

ATOMIC VIBES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

3012 25TH ST SW  
LEHIGH ACRES, FL. 33976

The mailing address of the Limited Liability Company is:

3012 25TH ST SW  
LEHIGH ACRES, FL. 33976

**Article III**

Other provisions, if any:

IN ANY EVENT THAT PATRICK SIMON (RA) IS NOT  
PRESENT, DIANE JARBATH MAY FULLY REPRESENT AS THE  
RA. ELECTRONIC SIGNATURE: PATRICK SIMON.  
ELECTRONIC SIGNATURE: DIANE JARBATH

REMOVE

**Article IV**

The name and Florida street address of the registered agent is:

PATRICK SIMON  
3012 25TH ST SW  
LEHIGH ACRES, FL. 33976

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PATRICK SIMON

SECTION "D" CONTINUED

**Article V**

The name and address of person(s) authorized to manage LLC:

Title: CEO  
PATRICK SIMON  
3012 25TH ST SW  
LEHIGH ACRES, FL. 33976

Title: COO  
DIANE JARBATH  
3012 25TH ST SW  
LEHIGH ACRES, FL. 33976

REMOVE

L22000336519  
FILED 8:00 AM  
August 01, 2022  
Sec. Of State  
jafason

**Article VI**

The effective date for this Limited Liability Company shall be:

08/01/2022

Signature of member or an authorized representative

Electronic Signature: PATRICK SIMON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.