L22000533239

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		COVER LETTER	
TO: Registration Se Division of Cor			
VIVE SPOI	RTS;PARK LLC		*
SUBJECT:		ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Isabella Quinones		
		Name of Person	_
		Firm/Company	
	1925 Brickell Ave D205		
		Address	
	Miami FL 33129		
	isabella@iqrealestatelle.com	City/State and Zip Code	
		to be used for future annual report notification)	
For further information e	oncerning this matter, please c	all:	0: 01 01
Isabella Quinones		786 8706191 at (() /
Name o	l'Person	Area Code Daytime Telephone Num	ber
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi) Filing Fee, icate of Status & ied Copy mat copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FE 32303

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Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIVE SPORTS PARK 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 G	Company were filed on	12/21/2022	and assigned
Florida document number 1.22000533239			

This amendment is submitted to amend the following:

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

Vibra Sports Park LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

 (Principal office address MUST BE A STREET ADDRESS)
 7-3

 (Principal office address MUST BE A STREET ADDRESS)
 7-3

 Enter new mailing address, if applicable:
 7-3

 (Mailing address MAY BE A POST OFFICE BOX)
 7-3

 (Principal office address MAY BE A POST OFFICE BOX)
 7-3

 (Principal office address MAY BE A POST OFFICE BOX)
 7-3

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
		Florida

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			🖸 Add
			🗆 Remove
			□Add
		<u></u>	
			□ Change
			🗆 Add
			🗋 Change
			🗆 Add
			□Change
			bbA⊡

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

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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.

D . 1	December 22nd
Dated	

2022

Troublen of

Signature of a member or authorized representative of a member

Isabella Quinones

Typed or printed name of signee