

L23 000 011 226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

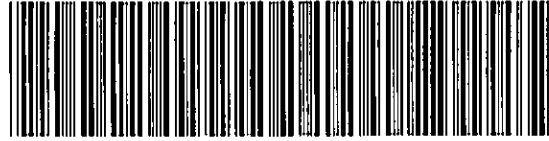
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/23--01006--011 **25.00

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2023 APR -6 PM 2:34
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: House of Vibes
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Return all correspondence concerning this matter to the following:

Vardyce Gaines
Name of Person

House of Vibes
Firm Company

2667 Amber Trace
Address

Tallahassee FL 32303
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vardyce N Gaines at (850) 559-6911
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$7.00 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

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

House of Vibes LLC

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

Articles of Organization for this Limited Liability Company were filed on 01/04/2023 and assigned
in document number L23000011226

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

House of Vibes LLC

A name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

2467 Amber Trace
Tallahassee FL 32303

New mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2667 Amber Trace
Tallahassee FL 32303

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:

Vardyce N Gaines

New Registered Office Address:

2467 Amber Trace Tallahassee FL

Enter Florida street address

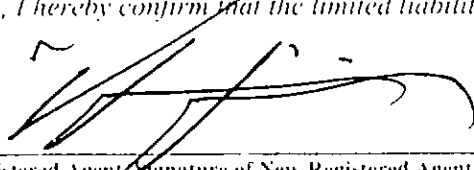
Tallahassee, Florida 32303

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I, Vardyce N Gaines, 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
understand 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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

R = Manager

MR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	<input type="checkbox"/> Add
_____	_____	<input type="checkbox"/> Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FL

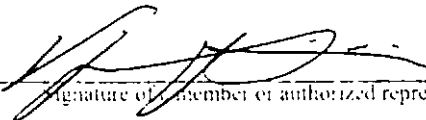
Effective date, if other than the date of filing: _____ (optional)

(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 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 document is filed.

Dated 04/06/2023



Signature of member or authorized representative of a member

VAROYCE N GAINES

Typed or printed name of signer