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COVER LETTER

Registration Section

TO:

Division of Co	rporations				
Gouda Vil	oes LLC				
SUBJECT:	Name of Lir	mited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Darciella Buswell				
		Name of Person			
	Gouda vibes				
		Firm/Company			
	7741 52nd Street N.				
		Address			
	Pinellas Park FI 33781				
		City/State and Zip Code			
	GoudavibesLLC@gmail.co		7.7		
	E-mail address; (to be used for future annual report notifi	, i		
For further information c	oncerning this matter, please c	all:	17 17 17		
Darciella Buswell		727 303-1614	•		
Name o	f Person		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 Addres		Street Address:			
Registration S Division of C		Registration Sect Division of Corp			
P.O. Box 632	7	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gouda Vibes LLC		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con-	ipany were filed on February 27, 2023	and assigned
Florida document number 1.23000102285	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the c	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> 3. If amending the registered agent and/or registered of	fice address on our records, enter the nar	ne of the new registe
gent and/or the new registered office address here:	1.1	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	2:7: 1
	Cay.	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 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	Darciella Buswell	7741 52nd street N. Pinellas Park FI 33781	= Add
			□Remove
			□ Change
MGR	Duston Buswell	7741 52nd St N, Pinellas Park Fl 33781	= Add
			□Remove
			□ Change
			DAdd DAdd
			Remove
		:	☐Change
			
			□Remove
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			- <u>-</u> -	<u> </u>	₩1 ————————————————————————————————————	_
Tective date, if other than the neffective date is listed, the date mate: If the date inserted in this becument's effective date on the I	nock noes not meet the a	applicable statutor	ng or more than 90 day ry filing requiremen	(optional) as after filing.) Its, this date w	Cursuant to 60)5.020 sted a
record specifies a delayed effecti is filed.	ve date, but not an effee	tive time, at 12:01	a.m. on the earlier	of: (b) The	90th day aft	er the
March 8th	2023	·				
·						
	Darciella Buswe	H				

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