

L23000149721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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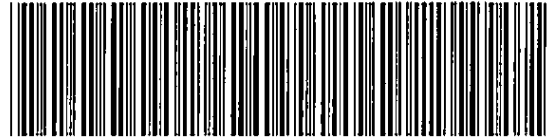
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

KH  
1/24/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VibeStone, 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:

Eira Brooks  
Name of Person

VibeStone, LLC  
Firm/Company

2510 NE 9th St. Apt 705  
Address

Gainesville, FL 32609  
City/State and Zip Code

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

For further information concerning this matter, please call:

Eira Brooks at ( 352 ) 282-6238  
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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

VibeStone, 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 March 24, 2023 and assigned  
Florida document number L23000149721.

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:**

2510 NE 9th St, Apt 106, Gainesville, FL 32609

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

2510 NE 9th St, Apt 106, Gainesville, FL 32609

**(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:

Eira Hannah Brooks

New Registered Office Address:

2510 NE 9th St, Apt 106

Enter Florida street address

Gainesville

Florida

32609

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.*

*see attached*

**If Changing Registered Agent, Signature of New Registered Agent**

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2024 JAN 8 AM 10:07  
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TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Eira H. Gleeck	2510 NE 9th St. Apt 705	<input type="checkbox"/> Add
		Gainesville, FL 32609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eira H. Brooks	2510 NE 9th St. Apt 106	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2008 JAN 23 AM 10:07  
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TALLAHASSEE, FL

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SEALARY OF STATE  
TALLAHASSEE FL

2024 JAN -3 AM 10:08  
SECURITY OF STATE  
TALLAHASSEE FL

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(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)

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 December 26th, 2023,

Signature of a member or authorized representative of a member

Eira H. Brooks

Typed or printed name of signee

**Filing Fee: \$25.00**