L23000254399

-	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
((Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
:	

Office Use Only



400408632724

07/12/23--01002--002 **25.00

2923 JUL 11 PM 2: 23

S. ROBERTS

JUL 1 2 2023

Department of State Division of Corporations

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr Suite 105 Tallahassee, FL. 32303 850-294-5632 Date- 7/11/2023

Stealth Courier Box

Company: Good Vibes Drips LLC

Requester:Tyler Trubach

Order: 14739325

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

GOOD VIE	BES DRIPS, LLC				
SUBJECT:			 		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	TYLER ANDREW TRUM	ВАСН			
	LAW OFFICES OF TYLE	Name of Person R A TRUMBACH PA			
		Firm/Company			
	3400 LAKESIDE DRIVE	SUITE 100			
	MIRAMAR, FL 33027	Address			
	TTRUMBACH@TRUMBA				
		to be used for future annual report not	ification)		
	oncerning this matter, please co	all:			
TYLER ANDREW TRU	MBACH	561 3121416			
TYLER ANDREW TRUMBACH Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	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:	ction		
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, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOOD VIBES DRIPS, LLC

(Name of the Lin	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Florida document number L23000254399	Liability Company were filed on MA	y 24, 2023 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
		20
he new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		7.
		5
Enter new mailing address, if applicable:		 ယ
Mailing address MAY BE A POST OFFICE		
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:		
Anne of the Megistered Agent.	3400 LAKESIDE DRIVE SUITE 1	00
New Registered Office Address:		la street address
	MIRAMAR 	, Florida
	City	Zip Code

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 Charging Registered Agent, Signature of New Registered Agent

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	JORGE L CLAVIJO	1309 NE 105TH ST MIAMI, FL 33138	
			□Add
			■Remove
		<u> </u>	□Change
MGR, MBR	ANGELO VARDOUNIOTIS	1000 QUAYSIDE TERR #1405 MIAMI, FL 33138	⊘ Add
			□Remove
			□Change
MBR	JORGE L CLAVIJO	1309 NE 105TH ST MIAMI, FL 33138	: ☑ Add
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	_ _		<u>. </u>				
							
							<u>—</u>
				-	•		
							
		_		·			
	 				•		
			_		. —		
							
	 -						_
						-	
				<u>-</u>			
fective o	late, if other than the	e date of filing	:		(op	tional)	
m effectiv	late, if other than the e date is listed, the date mu ic date inserted in this b	st be specific and o	cannot be prior to	date of filing or me	ore than 90 days aff	ter filing.) Pursuant to (605.0207 (
	s effective date on the D			ic statutory trini	g requirements, t	ins date will not be i	isted as t
ecord sp	ecifies a delayed effectiv	ve date, but not a	an effective time	e, at 12:01 a.m. o	on the earlier of:	(b) The 90th day a	fter the
is filed.							
JUN	E 10		2023				
			/}	. •			
ited			/	•			
ited							
ited		Signature of a m	icmbo a authori:	zed representative	of a me toer		