	(Requestor's Name)	
	(Address)	
	(Address)	·
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		J. HORNE
		AUG 1 5 2023

Office Use Only



03/16/23--01002--005 **25.00

ACIVEN Bing

- I want to release Vibe Media Live, Inc
to use for Vibe Medra Productions,
L23000371463

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sally Hanna Name of I	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
	Sally Hanna Name of Person
Sally	Hanna LLC Firm/Company
2381 mussa	y pass, odessa FL 33556
	Odessa, FL 33556 City/State and Zip Code
Sally S E-mail address	s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Sally Hanna Name of Person	at (774) - 258- 091U Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Sally Hanna LLC 23 AUG 15 PH 5: 00
(Name of the Limited Liability Company as it now appears on our records.) STATE (A Florida Limited Liability Company) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{7/31/2.3}{}$ and assigned
lorida document number 123000 35 75
his amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new register</u> gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida City Zip Code
iew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept 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

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>	Type of Action
ABR	Sally Hanna	2381 murlay Pass, 0/1581	1 33556 DXdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an e Note:	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	<u>3/8/2023</u>
	Signature of applember or authorized representative of a member
	Sally Hanna Typed or printed name of signee