L23000371463

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	J. HORNE AUG 15 2023

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23 AUG 15 PM 3: 59
Secretary of State
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COVER LETTER

TO: Registration So Division of Cor			
	a <u>P</u> roductions, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	<u>-</u>	
Please return all correspo	ondence concerning this matter	to the following:	
	Aaron J. Bing		
		Name of Person	
	Vibe Media Productions, L	LC	
		Firm/Company	
	4455 Baymeadows Road, S	Suite 102	
		Address	
	Jacksonville, FL 32217		
		City/State and Zip Code	
	vibemedialive@gmail.com	to be used for future annual report noti:	tiontion)
For further information c	concerning this matter, please co		neurony
Aaron J. Bing		904 314-3792	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23 AUG 15 PH 3: 59

Vibe Media Productions, 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 $\frac{08/08/2023}{}$ Florida document number L23000371463 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Vibe Media Live, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.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) 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: New Registered Office Address: Enter Florida street address

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.

City

_. Florida ___

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
MGR	Aaron J. Bing	4455 Baymeadows Road, Suite 102	≡ Add
		Jacksonville, FL 32217	□Remove
			□Change
			□Add
			□Remove
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n effective date is listed. ote: If the date inserte	r than the date of fil the date must be specific d in this block does no te on the Department of	and cannot be prior of meet the applica	to date of filing or mo able statutory filing	(option ore than 90 days after f g requirements, this	nal) iling.) Pursuant to 605.02: date will not be listed a
ecord specifies a dela is filed.	ed effective date, but	not an effective ti	me, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after th
August 10		2023			
	mario Mrs. D.	1000	<u> </u>		
	210 mg J 19100		alland also as a second	of a month of	
	Signature of	f a member or autho	rized representative	of a member	-