

L23 000 371 463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

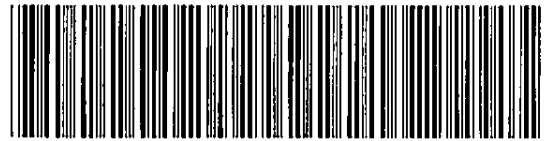
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status 2

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05/21/24--01004--002 **55.00

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2024 MAY 20 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 MAY 20 10:00 AM
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vibe Media Live, 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:

Aaron Binn
Name of Person
Vibe Media Live, LLC
Firm/Company
4455 Baymeadows Rd Suite 102
Address
Jacksonville, FL 32217
City/State and Zip Code
vibemediaLive@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Binn at (904) 314-3792
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

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

Vibe Media Live, 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 12/22/23 and assigned 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:

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:

(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

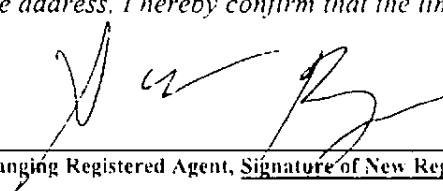
Florida

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.


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>	<u>Type of Action</u>
AMBR	Chris Johnson	313 SUMMERSET DR	Add
		JACKSONVILLE, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KEVIN HICKMAN	6349 BEACH BLVD	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARLEN ADAMS	5961 W SARAGOSA CT	<input checked="" type="checkbox"/> Add
		CHANDLER, AZ 85226	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chris Johnson	313 SUMMERSET DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHENGHSIN CHANG	4455 BAYMEADOWS RD	<input checked="" type="checkbox"/> Add
		SUITE 102	
		JACKSONVILLE, FL 32217	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is crossed out with a diagonal line, indicating it is not to be used for amendments.)

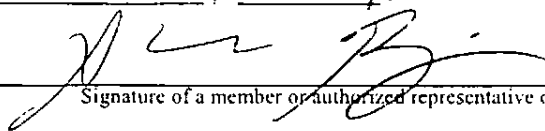
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 May 20, 2024



Signature of a member or authorized representative of a member

Aaron Bing

Typed or printed name of signee

Filing Fee: \$25.00