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| (Req | uestor's Name) | |
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| bbA) | ress) | |
| | | |
| (City) | /State/Zip/Phone | #) |
| (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: | | |
| (Busi | ness Entity Nan | ne) |
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COVER LETTER

TO:

| TO: Registration S Division of Co | | | |
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| | VIBES LLC | | |
| SUBJECT: | Name of Lim | nited Liability Company | - |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | SHERECA PETAGAY SO | CARLETT | |
| | | Name of Person | |
| | AMAZON VIBES LLC | | |
| | | Firm/Company | _ |
| | 1117 KEIFER AVE | | |
| | | Address | |
| | ORLANDO, FL 32825 | | |
| | sshereca@gmail.com | City/State and Zip Code | _ |
| | | to be used for future annual report notification) | - |
| For further information | concerning this matter, please co | all: | |
| SHERECA PETAGAY | SCARLETT | 407 393-8000 at () | |
| Name of Person | | Area Code Daytime Telephone Numb | рег |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certific (additional copy is enclosed) Certific | Filing Fee, cate of Status & ed Copy nal copy is enclosed) |
| Mailing Addre Registration Division of O P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303 | 2024 SEP - 6 0.11 1.0 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limit | ited Liability Compai (A Florida Limited L | ny as it now appears on liability Company) | our records.) |
|---|---|---|---|
| The Articles of Organization for this Limited L Florida document number L24000363632 | Liability Company | were filed on $\frac{08/19/2}{}$ | 024 and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name o | of the limited liabi | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | <u> </u> | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | ~ | address on our recor | ds, enter the name of the new registe |
| Name of New Registered Agent: | SHERECA PET | TAGAY SCARLETT | |
| New Registered Office Address: | 1117 KEIFER A | AVE | |
| | | Enter Florida s | street address |
| | ORLANDO | | Florida 32825 |
| | | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

AMAZONINIDECTIC

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.

5. Scarlett
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 = | Мападег | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other | han the date of filing: | | (option | nal) | |
| te: If the date is listed, th | e date must be specific and c in this block does not me | cannot be prior to date of filing or cet the applicable statutory fil | more than 90 days after fi ing requirements, this | ding.) Pursuant to 60 date will not be li: |)5.020 sted a |
| cument's effective date | on the Department of Sta | ate's records. | | | |
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| cord specifies a delaye s filed. | d effective date, but not a | in effective time, at 12:01 a.m | on the earlier of: (b) | The 90th day aft | er the |
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| red August. | 21,2024. | · | | | |
| | | | | e 2 | |
| | 5/5/df Signature of a m | ember or authorized representation | ve of a member | 17. C. 6 2. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17 | |
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| | Sha saca | Scarlett Typed or printed name of signee | | 1 (1) | |
| | i | 36-468 16-61 | | Ų, | |