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| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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SELECT ART OF STATE OR LL VICE OF STATE OR LL VICE OR L

Amend:

JUN 1 2 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: VIBRA | NT TAPE | BTRY /UC |
|--|--------------------------------|--|
| , | 0000 479 | |
| The enclosed Articles of Amendment and fee are subn | nitted for filing. | |
| Please return all correspondence concerning this matte | r to the following: | |
| TOOD FI | /Z_ (Name of Contact Person | |
| | (Name of Contact Perso | on) |
| VIBRANT TAP | | |
| | (Firm/Company) | |
| 3821 SW 1 | OIH ST. | |
| | (Address) | |
| FT. LAUDERDALE | FL | 33312-2635 |
| | (City/ State and Zip Cod | de) |
| | | e GHAIL. COM |
| For further information concerning this matter, please | | |
| TODD FITZ | at (954 | 1, 864-3595 |
| (Name of Contact Person) | | Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida Dep | partment of State: |
| \$35 Filing Fee \$\text{\$\text{Certificate of Status}}\$ | | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section Division of Corporations | Amen Divisi | t Address dment Section on of Corporations |
| P.O. Box 6327 | Clifto | n Building |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



57

| | OI. | 4.4.4.4.4 | |
|---|---|---|---------|
| VIBRANT | TAPESTRY 1 | 'WC · 14 M.R. 2 | 9 PH 2 |
| | ly filed with the Florida Dept. of Sta | | |
| N 12 0 | 0000 4791 | | |
| (Doc | ument Number of Corporation (if kno | wn) | |
| Pursuant to the provisions of section 617. mendment(s) to its Articles of Incorporate | | ot For Profit Corporation adopts the fo | llowing |
| . If amending name, enter the new na | nme of the corporation: | | |
| | | | The new |
| ame must be distinguishable and contain Company" or "Co." may not be used in | the name. | orated" or the abbreviation "Corp." or | "Inc." |
| Enter new principal office address, Principal office address <u>MUST BE A S</u> | | | |
| . Enter new mailing address, if appli (Mailing address MAY BE A POST of | cable: V/A OFFICE BOX) | | |
| , | | | |
| . If amending the registered agent an new registered agent and/or the new | d/or registered office address in Flov registered office address: | orida, enter the name of the | |
| Name of New Registered Agent: | | | |
| New Registered Office Address | (Florida street addre | ss) | |
| | | , Florida | |
| | (City) | (Zip Code) | |
| ew Registered Agent's Signature, if cl hereby accept the appointment as regist | | ccept the obligations of the position. | |
| <u></u> | | | |
| | Signature of New Registered Agent | , if changing | |

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: XChange X Remove X Add | <u>V</u> <u>Mik</u> | n Doe e Jones y Smith | |
|---------------------------------|---------------------|-----------------------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add Remove | V.P. | ARBITMAN, MIKE | 1614 SW 7THST. PEMBROKE PINES.FI 33027. |
| 2) Change | | | derings and the second |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | |
|---|---|--|--|
| | | | |
| OFFICERS WILL CONSIST OF: | | | |
| PREBIDENT | | | |
| PRESIDENT SECRETARY TREASURER | | | |
| TREASURER. | | | |
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| The date of each amendment(s) adoption: 5/20/14 date this document was signed. | , if other than the |
|---|---------------------|
| Effective date if applicable: 5/20/14 (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were | |
| Dated 5/20/14 | |
| Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| (Typed or printed name of person signing) PRESIDENT. | |
| (Title of person signing) | |