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19 JAN 22 AN 9: 24

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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ViBE Energy Bar,	Inc.				
DOCUMENT NUMI						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Jared M. Lichtman					
		Name of Contact Person	<u> </u>			
	Jonathan J. Lichtman, P.A.					
		Firm/ Company				
	20283 State Road 7, Suite 300					
		Address				
	Boca Raton, FL 33498					
		City/ State and Zip Cod	e			
Mary	(@ULPA.com					
· · · ·	•	sed for future annual report	notification)			
For further information Jared M. Lichtman	n concerning this matter, pleas		488-7033			
Name (of Contact Person	at (de & Daytime Telephone Number			
	r the following amount made: \$\Begin{align*} \Boxed{\Picture} \Pic					
■ 355 Fining Pec	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 266 I E	Address Iment Section on of Corporations Building Executive Center Circle USSEC, FL 32301			

Articles of Amendment to Articles of Incorporation of

ViBE Energy Bar, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P18000001176 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: VIBE INFUSION, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _. Florida_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 = Vicc 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add		-	
Remove		-	
2) Change			
Add		_	
Remove			
3) Change			
Add		_	Ut
Remove		-	
4) Change			
Add			
Remove		-	<u></u> <u></u> .
Kelikove		•	
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove		·	
- ACHION C			

	nending or adding additional Articles, enter change(s) here: th additional sheets, if necessary). (Be specific)	
_		
		-
_		
f ar	amendment provides for an exchange, reclassification, or cancellation of issued shar	*aL
pre	visions for implementing the amendment if not contained in the amendment itself:	<u> </u>
	(if not applicable, indicate NA)	
		• • • • • • • • • • • • • • • • • • • •
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jared M. Lichtman	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	