## P21000031368

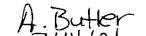
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## COYER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

s t

NAME OF CORPORATION: VIBRATE I	HIGHER ENTERPRISES INC
DOCUMENT NUMBER: P21000031368	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
PASTRANA, MEGAI	<b>·</b>
<del></del>	Name of Contact Person
VIBRATE HIGHER I	ENTERPRISES INC
	Firm/ Company
1315 OAKFIELD DR	IVE UNIT 2308
7-	Address
BRANDON, FL 3351	1
	City/ State and Zip Code
E-mail address: (	to be used for future annual report notification)
For further information concerning this matter	er, please call:
PASTRANA, MEGAN	at ()860-3618
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$1	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

VIBRATE HIGHER ENTERPRISES INC

(Name of Corporation as current	tly filed with the Florida (Debt.) HEState) PH 12: 47
P21000031368	SSORETANY OF STATE
(Document Number	of Corporation (if known) TALLAHASSEE, FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," '"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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 new registered agent and/or the new registered office address	
	554
Name of New Registered Agent	
(Florida si	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ıt:
I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	Registered Agent, if changing
· · ·	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(te) FS
and the state of t	* <b>\_/</b> * * * * * * * * * * * * * * * * * * *

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 <math>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>	<u>Addres</u> s
1) Change	<del>p</del>	PASTRANA, MEGAN P	1315 OAKFIELD DR UNIT 2308
Add			BRANDON, FL 33511
x Remove			
21 Change	P	PASTRANA, MEGAN M	1315 OAKFIELD DR UNIT 2308
X Add			BRANDON, FL 33511
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

lf amending or adding additio Attach additional sheets, if nece	ssary). (Be sp	recific)			
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					<del></del>
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			<del></del>	<del></del>	
f an amendment provides for	an avehanda r	oolassification	ar cancellation of	ficenad charac	
provisions for implementing	the amendment	if not containe	d in the amendm	ent itself:	
(if not applicable, indicate	N/A)				
<del>- •.</del>					<del></del> _
	<del></del>				<del>-</del>
					<del></del>

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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file dat	(e)
<b>Note:</b> If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requireme epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adby the shareholders was/were si	opted by the shareholders. The number of votes cast for the a afficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/03/202 Dated	1	
Mea	Pastrana (Jun 3, 2021 13:23 EDT)	
(By a d selecte	irector, president or other officer – if directors or officers hav d, by an incorporator – if in the hands of a receiver, trustee, o ted fiduciary by that fiduciary)	
	MEGAN M PASTRANA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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