

L 22000512468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Big Byte vending, 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:

Frank Gonzalez  
Name of Person

Firm/Company

8350 NW 26th  
Address

Sunrise FL 33322  
City/State and Zip Code

Frankg814@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Gonzalez at (754) 207-3934  
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**

Big Byte Vending, 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 Dec, 6-2022 and assigned  
Florida document number ~~200298655092~~ L22000512468

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Big Byte vending, LLC

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)

Frank Gonzalez

8350 NW 25ct

Surprise FL 33322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8350 NW 25ct

Surprise FL, 33322

**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:

Frank Gonzalez

New Registered Office Address:

8350 NW 25ct

Enter Florida street address

Surprise

City

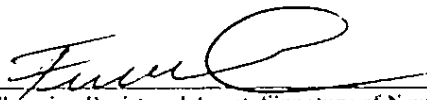
, Florida

33322

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

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TALLAHASSEE, FL

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         | Sever Sasso    | 8350 NW 25 Ct<br>Sunrise Fl, 33322 | <input checked="" type="checkbox"/> Add    |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
| MGR          | Frank Gonzalez | 8350 NW 25 Ct<br>Sunrise Fl, 33322 | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input checked="" type="checkbox"/> Change |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |
|              |                |                                    | <input type="checkbox"/> Change            |
|              |                |                                    | <input type="checkbox"/> Add               |
|              |                |                                    | <input type="checkbox"/> Remove            |

[illegible]

**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.

Dated 12-28-22

Frank Gonzalez  
Typed or printed name of signer