## U17000 156974

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Entry Name)
(Document Number)
Certified Copies Certificates of Status
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18 JUL 12 PM 2: 3

SECRETARY OF STATE FROM 10 PM 12: 3

JUL : 2018



June 26, 2018

ELIZABETH SUSANA 200 ASHBURY RD, APT 309 HOLLYWOOD, FL 33024

SUBJECT: FRIENDLY VENDING LLC

Ref. Number: L17000156934

We have received your document for FRIENDLY VENDING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Humb

Letter Number: 218A00013283

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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Friench Vending 110 Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth K. Susana Name of Person
Friendly Vending LLC Firm/Company
200 Ashbury Road, Apt 309
Hollywood, F1 33024 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth Susann at (954) 931-7567  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(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 $\frac{7/24/2017}{12017}$ and assigned Florida document number $\frac{L17000156934}{12017}$ .
	This amendment is submitted to amend the following:
A	A. If amending name, enter the new name of the limited liability company here:
	The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Α	Enter new principal offices address, if applicable:
	(Principal office address MUST BE A STREET ADDRESS)
) <i>]</i> A	Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:
	Name of New Registered Agent: Yolaine Romalus  New Registered Office Address: 200 Ashbury Road, Suite 309  Finter Florida street address
	Hallywood Florida 33024  Zip Code

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

N

Ν

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

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>	Name	Address	Type of Action
Mrs.	Yolano Camalas_	200 Ashby Road	Ur Add
MbR	ı	Dute 30G	Remove
		Hollywood, F1 3304	L .
			Remove
			Change
			SHORE JULIAN SET
			ED 2: 36 SEE FLORIDA
			☐ Change
		<del></del>	Add
			Remove
		·	☐ Change
			☐ Remove
			Change

_	N-H.
_	Please show Yolaine Romulus as principal
_	Tegisterect agent. thank you.
_	- Ellisa
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E. Effecti	ve date, if other than the date of filing: HSP. (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note:	It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
docum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
b) The	90th day after the record is filed.
Dated	July 7 . 2018
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00