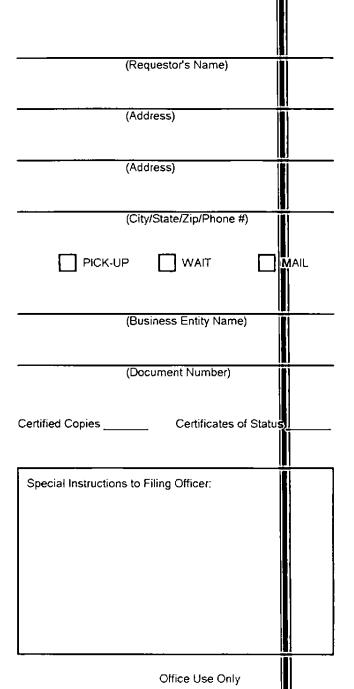
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	COVERLETTER
TO: Registration Section Division of Corporations	
SUBJECT: Florida F	resh Vending LLC
Name (	ft.imited Liability Company
The enclosed Articles of Amendment and fee(s) a	esubmitted for tiling.
Please return all correspondence concerning this n	natter to the following:
Pad	Plante
	Name of Person
<u> 17101</u>	2 Tresh Vending
135	n Prestige PI, Suite 102
$\mathcal{L}_{\infty}$	Address
pplan	mpa, FL 33635  City/State and Zip Code  Plo/ida Fresh Vending. Com  ress: (to be used for future annual report potification)
E-mail add	res: (to be used for future annual report notification)
For further information concerning this matter, ple	ase call:
Paul Plante	at 1 8 13 . 28 28 Ext
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee S30,00 Filing Fee & Certificate of Sta	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee, tis Certified Copy Certified to of Status &     (additional copy is enclosed) Certified Copy     (additional copy is enclosed)

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E) or 195	Fresh Vendir	ng, LLC	
(Name of the Limiter	I Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)	
in f		, ,	
The Articles of Organization for this Limited Lia	bility Company were filed on	$\frac{11}{21}$ $\frac{2008}{2008}$ and assign	ied
Florida document number L 08 000 <b>[c</b>			
	<u> </u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of</u> it	the limited liability company ho	ere:	
		<del>_</del>	
The new name must be distinguishable and contain the	ids "Limited Liability Company," the d	designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applica	ble:		
Trincipal Office dadress See ST BE TOTAL ST	. HZDREAN		
		Parties.	<del></del>
		55	ं खुद
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	——————————————————————————————————————	
		<u>r.3</u>	
N		÷ <b>n</b>	( <sup>7</sup> )
B. If amending the registered agent and or registered agent and/or the new registered offi		i our records, enter the name of	the new
egistered agent and/or the new registered offi	ce address nere.		
<b>II</b>			
Name of New Registered Agent:	***********		
New Registered Office Address:			
	Enter Flor	vida street address	
		, Florida	
	City	Zip Code	<del>_</del>
ar kan ar			

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 dhange.

If Changing Registered Agent, Signature of New Registered Agent

	uthorized Person(s) authorized to om our records:	d to manage, <u>enter the title, name, and address of each person-being added</u>		
MGR = Man AMBR = Auth	ager horized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	Lynne Plante	13517 Prestige Pl Suite 102	🗷 Add	
	ONUCL	Sutc 102	Remove	
		Nampa FL 33635	Change	
			Remove	
			☐ Change	
			Remove	
			Change	
			🗆 Add	
			□ Remove	
		. <u> </u>	☐ Change	
			🗆 Add	
			□ Remove	
			□ Change	
			🗆 Add	
			□ Remove	
			☐ Change	

D. If amending any other information, ente	change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of fi	(antiany)	
If an effective date is listed, the date must be specific	ind cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	)5.0207 (3)(b)
document's effective date on the Department	at meet the applicable statutory filing requirements, this date will not be list of State's records.	sted as the
	ili	
f the record specifies a delayed effective b) The 90th day after the record is file	date, but not an effective time, at 12:01 a.m. on the earl	ier of:
Dated November 20	2017	
Rox	Tr. 282	
Signature of	fa member of authorized representative of a member	
Paul	Plante	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	