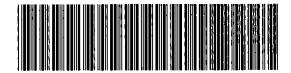
L09000100275

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DIVISION OF CURPURATIONS

F. HAMPTON AND - X 2011 EXAMPLE F

COVER LETTER

10.	Division of Co					
SHRIE	CT,	PERVINCO	O VENDING, LLC			
Name of Limited Liability Company						
The encl	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	r to the following:			
		TAIMY DOMINGUEZ				
	Name of Person					
	PERVINCO VENDING, LLC Firm/Company					
		1900 N BAYSHORE DR APT 1511				
		Address				
		MIAMI, FL 33132 City/State and Zip Code				
		PERVINCOVENDING@GMAIL.COM E-mail address: (to be used for future annual report notification)				
For furth	ner information of	concerning this matter, please of	•	integrally		
	Tain	ny Dominguez	at (786)	586-7233		
	Name o	of Person	Area Code & Dayt	me Telephone Number		
Enclosed	d is a check for t	he following amount:	•			
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle		

TO SECRETARY OF STATE ARTICLES OF ORGANIZATION

OF

11 AUG -1 PM 2:45

	Pervinco Vending, LLC.				
(<u>Name of the Limited</u> (A	Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L Florida document number L09000100	· · · · —	10/16/2009	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited liability company her	<u>·e</u> :			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:	or registered office address on o	our records, <u>enter t</u>	he name of the new		
New Registered Office Address: 1900 N BAYSHORE DR APT 1511					
	Enter Florida street address				
	MIAMI	, Florida	33132		
New Registered Agent's Signature, if changing In the large of the appointment as registered the provisions of all statutes relative to the paccept the obligations of my position as registering filed to merely reflect a change in the accompany has been notified in writing of this	ed agent and agree to act in this co proper and complete performance istered agent as provided for in Ci registered office address, I hereby	of my duties, and I a hapter 608, F.S. Or,	m familiar with and if this document is		
	If Changing Registered Age	nt, Signature of New Res	zistered Agent		

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TAIMY ALFARO	1900 N BAYSHORE DR APT 1511 MIAMI, FL 33132	Add Remove
<u>MGRM</u>	TAIMY DOMINGUEZ	1900 N BAYSHORE DR APT 1511 MIAMI, FL 33132	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF COR
 Dated	JULY 29 , 20	on one	PH 2: 45
	Signature of a membe	r or authorized representative of a member	
		TAIMY ALFARO Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00