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| (Re | questor's Name) | | | |
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| (Cit | y/State/Zip/Phone | ÷ #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nam | ne) | | |
| (Do | cument Number) | | | |
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| Certified Copies | oies Certificates of Status | | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE

C. LEWIS

JUL 1 6 2012

EXAMINER

COVER LETTER

| TO: - Registration Division of C | | 🏇 va 📆 | * | ₩ | "Marie |
|----------------------------------|--|---|--------------|---|-------------|
| SUBJECT: | FG VI | ENDING, LLC | | | |
| | Name of Lim | ited Liability Company | | | |
| The enclosed Articles | of Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corres | pondence concerning this matte | r to the following: | | | |
| | | DIANE HENRY | | | |
| | | Name of Person | | | |
| | | FG VENDING, LLC | | | |
| | | Firm/Company | | | |
| | 1 | 0817 KENBROOK D | R | | |
| | | Address | | | |
| | R | IVERVIEW, FL 3357 | 78 | | |
| | | City/State and Zip Code | | | |
| | FGVEN E-mail address: | IDINGLLC@VERIZO (to be used for future annual re | N.NET | ion) | |
| For further information | a concerning this matter, please | | port normal | , | |
| WI | LLIAM HENRY | at (813) | 78 | 39-0798 | |
| Name | e of Person | Area Code & | & Daytime To | elephone 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 Certificate of Certified Co (additional of | of Status & |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 JUL 13 PM 1: 08

| (Name of the Limited Lia (A Flo | G VENDING, LLC bility Company as it now appear rida Limited Liability Company) | SECRETAKY OF solvour necoris de, | STATE FLORIDA | |
|---|--|--|---------------------------------------|--|
| The Articles of Organization for this Limited Liabil Florida document number | | 02/12/2010 | and assigned | |
| This amendment is submitted to amend the following | ng: | | | |
| A. If amending name, enter the new name of the | limited liability company her | <u>e</u> : | | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Compa | ny," the designation "l | LC" or the abbreviation | |
| Enter new principal offices address, if applicable | | | | |
| (Principal office address MUST BE A STREET A | DDRESS) | - 14. | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BO) | <u> </u> | | · · · · · · · · · · · · · · · · · · · | |
| B. If amending the registered agent and/or r registered agent and/or the new registered office | | our records, <u>enter (</u> | the name of the new | |
| Name of New Registered Agent: | <u> </u> | | | |
| New Registered Office Address: | En | ter Florida street ada | lress | |
| _ | . Florida | | | |
| _ | City | | 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name Address **Type of Action** MGRM WILLIAM HENRY 10817 KENBROOK DR **✓** Add RIVERVIEW FL 33578 Remove ☐ Add Remove ☐ Add Remove Remove ∏Add ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY, 9 2012 Dated_ Signature of a member or authorized representative of a member DIANE HENRY

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee