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(Re	equestor's Name)	
(Ad	ddress)	
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(C	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
- <u>,</u> (B	usiness Entity Nar	ne)
(D	ocument Number)	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

SEP U 8 2015

COVER LETTER

TO: Registration S Division of Co			
P and K V SUBJECT:	ending Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
•			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Paul Clayton		
		Name of Person	·
	P and K Vending Services	LLC	
	 -	Firm/Company	
	7846 Old Middleburg RD	S	
		Address	
	Jacksonville FL 32222		
	 	City/State and Zip Code	
	claytonpaul27@gmail.com		
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	75 × 25
Paul Clayton		904 868-4850 at ()	2015 SI SECRE
Nате с	of Person		Telephone Number 1
Enclosed is a check for t	he following amount:		F S J
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.06 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

P and K Vending Services L.L.C. (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 July 19 2012 and assigned Florida document number _L12000093492 This amendment is submitted to amend the following: 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." 1800 Jefferson RD Jacksonville FL 32246 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cit 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

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>	Address		Type of Action
MGRM	Kathleen Shaw	7846 Old Middleburg RD S		Add
				Remove
				Change
				Add
				Remove
				Change
				□ Add
			Remove	
		<u> </u>	Change	
		<u> </u>		□ Add
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)F STATE LORIDA	_⊕Add
				Change
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				Remove
				_□ Change

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Tective date, if other than the date of filing:an effective date is listed, the date must be specific and cannot be	e prior to date	of filing or mon	than 90 days	ifter filing.) Pursuan	t to 605.02
ote: If the date inserted in this block does not meet the a ocument's effective date on the Department of State's re-		atutory filing i	equirements,	this date	will not	be listed a
e record specifies a delayed effective date, bu	ut not an e	effective tin	ne, at 12:0	1 a.m.	on the	earlier (
The 90th day after the record is filed.			•			
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01.11						
Paul Mr	e authorizad -	annacantativa -4	a mamba			
Signature of a member o	r authorized r	epresentative of	a member			

Page 3 of 3

Filing Fee: \$25.00