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(Re	equestor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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COVER LETTER * Registration Section TO: Division of Corporations -LORIDA VENDING, LLC The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (404) 345. 8344 Area Code Daytime Telephone Number

□ \$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee & Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

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





RECEIVED

15 JUL 23 PH 3: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2015

ROBERT STEVE POPE 8950 PARK BLVD. #505 SEMINOLE, FL 33777

SUBJECT: FLORIDA VENDING LLC

Ref. Number: W15000042895

We have received your document for FLORIDA VENDING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Nevsa Culligan Regulatory Specialist II

Letter Number: 115A00013079

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ARTICLES OF AMENDMENT

Jr AMENDMENT

FILED

ARTICLES OF ORGANIZATION 2015 JUL 23 AM 8 50

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	ما الماء	Man A	ioretam d U aliasses	: STATE FLORIDA	
QUARE (Name of the Limited L (A F		ow appears on our rec	ords.		
(A F	lorida Limited Liability C	ompany)			
The Articles of Organization for this Limited Liabil	ity Company were fil	ed on <u>Janua</u>	Ry 14.20	115and assigned	
Florida document number <u>L15 00 000 (</u>	9901				
This amendment is submitted to amend the followir	ng:	.*.			•
A. If amending name, enter the new name of the	limited liability con	ipany here:		. 1	
At Your Convenience				er-	
The new name must be distinguishable and contain the words	"Limited Liability Comp	my," the designation "I	LLC" or the abbro	eviation "L.L.C."	1100
Enter <u>new principal offices address, if applicable</u>	<u> </u>	<u> </u>	950 M	ARK Blud	#30
(Principal office address MUST BE A STREET A	DDRESS)	MA SO	2 minole	F1 3377	7
			F 10.0		
Enter new mailing address, if applicable:	-	<i>SH</i>	nE As	HOOVS	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	/\JA			
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B. If amending the registered agent and/or	registered office ad	dress on our reco	ords, <u>enter th</u>	ie name of the ne	<u>ew</u>
registered agent and/or the new registered office	address here:				
	DI L	-MA -	مه (آ		
Name of New Registered Agent:	Cobert -	3 Teve	MONE.		
New Registered Office Address:	8950 P	<u> 90 K B/V.</u> Enter Florida street ad	d' #	505	
	Samino		Florida3	23777	
	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 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

New Name AT Your Convenience Verding, LLC

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> <u>Address</u> **Type of Action** □ Add ☐ Remove _□ Change _ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add

☐ Remove

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n effective (date is listed, the dat	te must be specific ar his block does not	nd cannot be pric	or to date of filing o	or more than 90 days	after filing.) Pursu	ant to 605.0207 (
		the Department of			ning requirement	s, this date will no	ot be fisted as ti
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The 90th	day after the	e record is filed	l.				
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ted	JUNE	15	, <u>201</u>	<u> </u>			
_		Signature of a	a member or aut	horized representa	tive of a member	•	

Page 3 of 3

Filing Fee: \$25.00