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JUL 21 2015 J SHIVERS

Tax Professional Services, LLC

A Financial Services Corporation 1105 W Maple Ave Geneva, Al. 36340 334-684-6398 334-684-7193 -fax www.taxproll.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, National Association of Tax Practitioners, National Institute of Tax Studies, Accreditation Council for Accountancy and Taxation, Tax Freedom Institute, The American College of Forensic Examiners

July 13, 2015

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314

To whom it may concern,

Enclosed you will find: Articles of Amendment to Articles of Organization check for payment and a self addressed envelope.

Please register the enclosed Articles of Amendment for ROBERTS V VENDING and return to us in self addressed envelope provided.

Thank you,

W. Skin

Ulli Steiner
Tax Professional Services, LLC

Enc.

Cert#: 7014 1200 0001 7677 7314

COVER LETTER

TO:	Registration Se Division of Cor			
cupi	HECTE.	ROBERTS V	VENDING, LLC	
- SOBJ	JECT:	Name of Lim	ited Liability Company	.
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	endence concerning this matter	to the following:	
		ULLI STEINER		
			Name of Person	
		TAX PROFESSIONAL S	ERVICES, LLC	
			Firm/Company	
		1105 W MAPLE AVE		
			Address	
		GENEVA, AL. 36340		
			City/State and Zip Code	
		ulli@taxprollc.com	to be used for future annual report no	tification)
For fu	ırther information c	oncerning this matter, please c	•	
ULL	I STEINER		334 684-6398 at ()	
	Name o	f Person		me Telephone Number
Enclo	sed is a check for th	ne following amount:		15 SEC TALL
■ \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Gopy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Sect Division of Corpo Clifton Building	RIER ADDRESS:

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBERTS V VENDING, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 06-26-2015	and assigned
lorida document number L15000111411	e.	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered agent and/or the new registered office addresses 		nter the name of the
egistered agent and/or the new registered office addre	ass nere.	Fő 3
Name of New Registered Agent:		
Name of New Registered Agent.		20
New Registered Office Address:	Enter Florida street address	
	, Floric	la Zip Code
	City	Fig. 21p Cour

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VICTOR G ROBERTS, JR	1935 SEAY RD	■ Add
•		COTTONDALE, FL. 32431	□ Remove
			☐ Change
AMBR	MOLLY A ROBERTS	1935 SEAY RD	Add
		COTTONDALE, FL. 32431	□ Remove
			■ Change

			□ Remove
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Signature of a member or authorized representative of a member	Dated	, 2015			
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MOLLY A ROBERRTS		- S III III OI OI UUIIIOI	representative of a f		

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Filing Fee: \$25.00