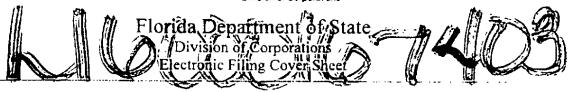
10:33 AM TO:18506176383 FROM:5615375904

10/1/2019

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686

Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: consulting@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASA GROUP VENDING MACHINES LLC

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TO:18506176383 FROM:5615375904

Page: 2 10/1/2019 10:33 AM TO: DocuSign Envelope ID: EEC009DF-0D68-47C1-A3C3-FF67F9902548

COVER LETTER

TO;	Registration Se Division of Co				
		OUP VENDING MACHINES	LLC		
SUBJE	.CT:	Name of Lin	nited Liability Company		
The enc	Hosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please t	return all correspo	ondence concerning this matter	to the following:		
		CAROLINE LARSON			
			Name of Person		
		LARSON ACCOUNTING	I GROUP		
		·	FirmvCompany	,	2
		7901 KINGSPOINTE PAI	RKWAY STE 17		2019 OCT
			Address		. 즐
		ORLANDO, FL 32819			
		CONSULTING@LARSON	City/State and Zip Code VACC.COM		P::
		E-mail address: (to be used for future annual re-	port notification)	· · · · <u>-</u>
For furt	her information e	oncerning this matter, please c	afi:		
CLAUI	DIO B LANDSBI	ERG	407 370.3		
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclose	ed is a check for th	ne following amount:			
\$ \$25	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Contaction (additional contaction)	of Status &
	Registr Divisio P.O. Be	ING ADDRESS; ration Section on of Corporations ox 6327 ussee, FL 32314	Registration Division of Clitton Bui	Corporations	

Tallahassee, Fl. 32301

3 TO:18506176383 FROM:5615375904 Page: 10/1/2019 10:33 AM

DocuSign Envelope ID: EEC009DF-0D6B-47C1-A3C3-FF67F9902548 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA GROUP VENDING MACHINES LLC		
(Name of the Limited Liability Comp (A Florida Limited)	p any as it now appears on our records. J Liability Company))
The Articles of Organization for this Limited Liability Companies Florida document number $\frac{L16000167403}{L16000167403}$.	y were filed on 09/07/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here;	
N/A		20
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC"	or the abbreviation SEL.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
		· - -
Enter new mailing address, if applicable:	N/A	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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

Page: 4 10/1/2019 10:33 AM TO:18506176383 FROM:5615375	Page:	4	10/1/2019	10:33 AM	TO:18506176383	FROM: 5615375904
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Ti differenting Authorized rerson(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

Title	<u>Name</u>	Address	Type of Action
AMBR	DIFFERENZIALLE LLC	9005 REFLECTION POINTE DR. WINDERMERE, FL 34786	5
	**************************************		□ Add
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E. Effactive date if art and	than the date	of filing:			(antlanet)	
E. Effective date, if other is (If an effective date is listed, the Notes, If the date incortes).	e date must be spe	crific and cannot be	prior to date of filia	ng or more than 90 da	(optional) ys after filing.) Purs	uant to 605.020
Note: If the date inserted document's effective date	on the Departm	ient of State's rec	ords.	y ming requiremen	its, this tale will)	ior be usted as
If the record specifies a	delayed effo	ctive date hu	t not an offer	tive time at 17	·01 am oo t	ha az-liar a
(b) The 90th day after	the record is	filed.	e not an enec	ave onie, at 12	.OI G.III. Off C	ne earner O
Dated SEPTEMBER 30th)	2019	·			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00