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## **COVER LETTER**

JJD Vend SUBJECT:			
	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joshua Diaz		
	Division of Corporations  JJD Vending LLC  Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filling.  return all correspondence concerning this matter to the following:  Joshua Diaz  Name of Person  JJD Vending LLC  FirmyCompany  10950 SW 40TH TERRACE  MIAMI, FL 33165  Address  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  their information concerning this matter, please call: a Diaz  Name of Person  Name of Person  Name of Person  Daytime Telephone Number		
Division of Corporations  JJD Vending LLC  SUBJECT:  The enclosed Articles of Amendment and for Please return all correspondence concerning  Joshua Diaz  JJD Vending I  10950 SW 40  MIAMI, FL 33  E-ma  For further information concerning this mattally and present the present services of Person  Enclosed is a check for the following amount of S25.00 Filing Fee S30.00 Filing Fee	JJD Vending LLC		
	-	FirmvCompany	© S60.00 inling Fee, Certificate of Status & Certified Copy
	Articles of Amendment and fee(s) are submitted for filing.   Articles of Amendment and fee(s) are submitted for filing.   In all correspondence concerning this matter to the following:   Joshua Diaz		
		Address	
Division of Corporations  JJD Vending LLC  SUBJECT:  Name of Limited Liab  The enclosed Articles of Amendment and fee(s) are submitted for Please return all correspondence concerning this matter to the formula Diaz  Joshua Diaz  No.  JJD Vending LLC  Fig. 10950 SW 40TH TERRACE MIAMI, FL 33165  E-mail address: (to be used the formula Diaz Mame of Person  Enclosed is a check for the following amount:  Subject See Submitted Liab  No.  Submitted Liab	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Joshua Diaz			
Name c	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

JJD Vending LLC			
( <u>Name of the Limited Li</u> (A F	iability Company as it now appears forida Limited Liability Company)	on our records.)	
		and assigned	
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  (A Florida Limited Liability Company were filed on 02/21/2017			
The new name must be distinguishable and contain the words	"Limited Liability Company," the de-	signation "LLC" or the abbrev	riation "L.L.C,"
Enter new principal offices address, if applicable	: 		
The Articles of Organization for this Limited Liability Company were filed on O2/21/2017 and assigned Florida document number L17000025339  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" Fletter 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida Zip Code  New Registered Agent's Signature, if changing Registered Agent:	<b>56</b>		
-			13S
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Enter new mailing address, if applicable:	g address, if applicable:  MAY BE A POST OFFICE BOX)  SEP 10 075 75 75 75 75 75 75 75 75 75 75 75 75 7	_ 557	
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		<b>3</b>
			<u>.                                    </u>
		our records, <u>enter the</u>	name of the nev
Name of New Registered Agent:			
New Registered Office Address.	Enter Floric	la street address	
		, Florida	
_	City		Lip Code
New Registered Agent's Signature, if changing Regis	tered Agent:		
provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete performance of n ed agent as provided for in Ch stered office address, I hereby	ny duties, and I am fami uapter 605, F.S. Or, if th	lliar with and his document is

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\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ocume	s effective date on the Department of State's records.		
e reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier	· 01
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ated _	9/5/18.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00