

L17000029163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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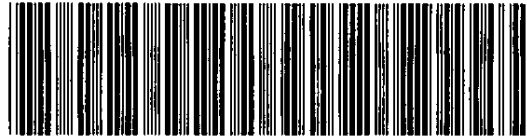
(Business Entity Name)

(Document Number)

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17 JUN 15 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUN 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN VENDING TECHNOLOGIES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN E. EGUSQUIZA, ESQ.

Name of Person

EGUSQUIZA LAW, P.A.

Firm/Company

9960 SW 40TH STREET

Address

MIAMI, FLORIDA 33165

City/State and Zip Code

JOHN@JEELAWPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN EGUSQUIZA

305

223-8744

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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

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SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AMERICAN VENDING TECHNOLOGIES, LLC

(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 02/06/2017 and assigned
Florida document number L17000029163.

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 "L.L.C."

Enter new principal offices address, if applicable:

753 SHOTGUN ROAD

(Principal office address MUST BE A STREET ADDRESS)

SUNRISE, FLORIDA 33326

Enter new mailing address, if applicable:

753 SHOTGUN ROAD

(Mailing address MAY BE A POST OFFICE BOX)

SUNRISE, FLORIDA 33326

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

Florida

City

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

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TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
AMBR	SEBASTIAN PONCELIZ	753 SHOTGUN ROAD	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ODYSSEY FINANCIAL SOLUTIONS	753 SHOTGUN ROAD	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN EGUSQUIZA	9960 SW 40 STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33165	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 15 2006
TALLAHASSEE, FLORIDA
STATE DEPT OF REVENUE

77 JUN 13 1967
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 15 AM 11:06
1967
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

6/9/17

Signature of a member or authorized representative of a member

Typed or printed name of signee
Sebastian Porcu