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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Get Buy Vending 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:
Brian Spatchek Name of Person
Get Buy Vending LLC Firm/Company
285 Cypress Point Dr
Palm Beach Gardens FL 33418  City/State and Zip Code  Spatchek 23 @ gmail Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Brian Spatchelc at (920) 850-7683  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Get Buy Vending	LLC		
( <u>Name of the Ulmited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on 04/27/20/7 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
- Power Smoothie Cafe LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "LLC."		
Enter new principal offices address, if applicable:	Power Smoothie Cafe		
(Principal office address MUST BE A STREET ADDRESS)	3176 Worth Like Blud		
	Palm Beach Gardens FL 33403		
Enter new mailing address, if applicable:	Power Smoothie Cafe		
(Mailing address MAY BE A POST OFFICE BOX)  Po box 30413			
	Palm Brach Gardens FL 33420		
	ice address on our records, enter the name of the new		
registered agent and/or the new registered office address here:	2019 575 1AI		
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Ø		
	Emer Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			

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.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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

E. Effective date, if other than the date of filing:  (uptional)  (if an effective date is listed, the date must be specific and cannot be prior to date of thing or more than 90 days after filing.) Pursuant to 605,0297 (3)0/  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  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 Chaber 15 h. 2019  Signaport of a member or authorized representative of a member		
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Dated October 15th 2019  Signature of a member or authorized representative of a member		of:
Signature of a member or authorized representative of a member	Dated October 15th 2019	
Signature of a member or authorized representative of a member	Fran Cyculation	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00