L170000 94021

(Reques	tor's Name)
(Address	5)
(Address	5)
(City/Sta	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	ss Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:
wrongfam	4085
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April 22, 2020

BRIAN SPATCHEK 285 CYPRESS POINT DR PALM BEACH GARDENS, FL 33418

SUBJECT: POWER SMOOTHIE CAFE LLC

Ref. Number: L17000094021

We have received your document for POWER SMOOTHIE CAFE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing-will-be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00008439

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Sec Division of Corp			
eup roce.	Fourer Si	moothir Cafe LLC	
SUBJECT:	Name of Limi	ted Liability Company	· <u>·</u> ··········
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Brian	Spatchek	
		Name of Person	
	Fewer	Smoothic Cate UC	
		Firm/Company	
	PO B	0x 30 413	
		Address	
	Polina Board	City/State and Zip Code	.6
	<u> </u>	partie 23a quail.	(CM)
			Titality in
For further information c	oncerning this matter, please ca	411.	
Brian Spe	ik hek	at (<u>920</u>) <u>850 7</u> Area Code Daytin	HE83
Name o	f Person '	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Fee. Certificate of Status & Certified Copy
P.D.			tadditional copy is enclosed)
Mailing Addre	ss:	Street Address:	
Registration	Section	Registration So	
Division of C P.O. Box 633		Division of Co The Centre of	
Tallahassee.		•	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

О	${m \mathcal{DF}}$. The second of
Name of the Limited Liability Compa (A Florida Limited I	TT LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 04/27 / 2017 and assigned
A. If amending name, enter the new name of the limited liab	pility company here:
Get Buy Vending LLC The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3176 Northlate Blul Palm Beach Gardens FL 33403
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Bex 30413 PBG FL 33420
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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>	Type of Action
			□Add
			□Remove
			□Add
		□Remove	
		□Change	
		🗀 Add	
			□Remove
		□Change	
		\Add	
		□Remove	
		□Add	
		Remove	
		□Change	
		□Add	
			□Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>
(If an e Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Date	105/01/2020
	Signature of a member of duthorized representative of a member
	Brian Spatchek Typed or printed name of signee

Filing Fee: \$25.00