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To:

Division of Corporations

Fax Number : (858)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

Phone : (323)962-8600 Fax Number : (323)962-3889

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

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## **COVER LETTER**

TO:	Registration S Division of Co			
011 <b>0</b> 10		NE HEALTHY VENDING, I	LLC	
SUBJE	C1:	Name of Limi	ited Liability Compuny	
The enc	losed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please r	etum all corresp	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11t	h Floor	
	Address			
Glendale, CA 91203				
			City/State and Zip Code	
		wozniakpp2@gmail.com	to be used for future annual report no	tification)
For furt	her information	concerning this matter, please concerning this matter concerning the concerning this matter concerning this matter concerning this matter concerning this matter concerning the concerning this matter concerning the concerning this matter concerning the concern		and and
	nne Moseley		at () 773-0888	ext. 9724
	Name	of Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for	the following amount:		
□ <b>\$</b> 25	5.00 Fiting 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 (additional copy is enclosed)
	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

## To: Page 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SUNSHINE HEALTHY VENDING, LLC			
(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our reciability Company)	ords.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000100299</u>	were filed on <u>05/05/2017</u>		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		; a-	22 63
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del></del>	= =====================================
		<u> </u>	2 :
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our rece :	ords, <u>enter th</u>	e name of the no
Name of New Registered Agent:			8
New Registered Office Address:	Enter Florida street ad	ldress	
		, Florida	
	City.		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6	s, and Lam fai 05, F.S. Or, if	miliar with and Tthis document is
If Char	nging Registered Agent, Signat	ure of New Regi	itered Agent
Page 1	l of 3		

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Patricia Ann Ball- Wozniak	335 SAPPHIRE LAKE	ET Add
		SUITE 101	Remove
		BRADENTON, FL 34209	
			☐ Remove
			□ Add
			C Remove
			······································
			DAdd
			□ Remove
			Cl Add
			□ Remove
			<del></del>
			D Add
			D Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective da The effective de the date this de	cument is filed by the Florida Departme	ate of receipt or filed date and cannot be me	(optional) ore than 90 days after
Dated	06 - 15 - Pur	, 2018 HUDOWN-	
	Signature of a	Peter Wozniak Typed or punted name of signee	member

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Filing Fee: \$25.00