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CEPARIMENT OF STATE TALLAHASSEE, FLORION OF CORPORATION OF CORPORATION OF TALLAHASSEE, FLORION (CORPORATION)

FEB 0 8 2020 POR S. YOUNG

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Wilco Ver	nding LLC		
30b)ECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	William Nugent		
		Name of Person	
	Wilco Vending LLC		
		Firm/Company	
	5468 Tice Street, Lot 38	9	
	<del></del>	Address	
	Fort Myers, FL 33905		
		City/State and Zip Code	
	bnugent@wilcomarkets.com		
	E-mail address: (	to be used for future annual report notification)	
For further information	concerning this matter, please ca	all:	
William Nugent		239 292-1594 ()	
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 & ☐ \$60.00 Filin  Certified Copy (additional copy is enclosed) ☐ Certified Co (additional copy)	of Status &
Mailing Addro Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	)

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wilco Vending LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) November 8, 2017 The Articles of Organization for this Limited Liability Company were filed on \_ L17000231238 Florida document number \_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Wilco Markets LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

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>	Name	Address	Type of Action
			□Add
			□Remove
·	· · · · · · · · · · · · · · · · · · ·		□Add
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		□Remove	
			□Change

• • • •	co Vending LLC is changing its name to Wilco Markets LLC.
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Effectiv	e date, if other than the date of filing:
f an offect Note: T	ive 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 605.9 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docume	t's effective date on the Department of State's records.
	is a little of the last and a difference of 12-01 and on the perfect of the The 90th day after the
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t l.
Dated	12-23-2019
Dated _	
Dated _	12-23-2019  Julian August Signature of Thember of authorized representative of a member

Filing Fee: \$25.00