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D. SCOTT

DEC 1 4 2017

COVER LETTER

Division of Cor	porations				
Master Ven	iding LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Joseph Saverino				
		Name of Person			
	Master Vending LLC				
		Firm/Company			
	9237 Outrigger Rd. Apt. 1-	122			
		Address			
	Port Richey, Florida, 3466	8	<u> </u>	17.2 17.2	
	jsav413@gmail.com	City/State and Zip Code	LAHASSEE	Den Ka	1
	E-mail address: (to be used for future annual report notification)		 درا	
For further information of	concerning this matter, please ca	all:		T	
Joseph Saverino		352 835-1722 at ()	<u>-</u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>	رب <u>س</u>	
Name (of Person	Area Code Daytime Telepho	one Number	L.J	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	1 \$60,00 Fil Certifica Certified (additional	te of Stat Copy	tus &
M . 17	INC ADDRESS.	CTDFFT/COUDIFD AD	ndree.		

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Master Vending LLC	<u> </u>				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	nv as it now appears on our record Liability Company)	<u>is.</u>)			
	were filed on 16 November 201	and assigned			
orida document number L17000237410					
nis amendment is submitted to amend the following:					
amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: amending name, enter the new name of the limited liability company here: amending name, enter the new name of the limited liability company here: amending name, enter the new name of the limited liability company here: amending name, enter the new name of the limited liability company here: amending name, enter the new name of the limited liability company here: amending name, enter the new name of the limited liability company here: 9237 Outrigger Rd. Apt. 1422 Port Richey, Florida, 34668 Apt. 1422 Port Richey, Florida, 34668 Apt. 1422 Port Richey, Florida, 34668 Apt. 1422 Apt. 1422 Apt. 1422 Port Richey, Florida, 34668 Apt. 1422 Apt. 1423 Apt. 1422 Apt. 1422 Apt. 1423 Apt. 1424 Apt. 1425 Apt. 1425 Apt. 1426 Apt. 1426 Apt. 1427 Apt. 1428 Ap					
e new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designation "LLC	" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable:	9237 Outrigger Rd.				
Principal office address MUST BE A STREET ADDRESS)	Apt.1422				
	Port Richey, Florida, 34668				
nter new mailing address, if applicable:	9237 Outrigger Rd.				
Aailing address MAY BE A POST OFFICE BOX)	Apt. 1422				
	mg address, if applicable: MAY BE A POST OFFICE BOX) Apt. 1422				
		T -			
. If amending the registered agent and/or registered or gistered agent and/or the new registered office address her		ين 🗦			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street addre	SS			
	, FI	lorida			
	City	zip Code			

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>	<u>Name</u>	Address		Type of Action
мGR	Joseph Saverino	9237 Outrigger Rd		= Add
		Apt. 1422		☐ Remove
		Port Richey, Florida, 34668		Change
				🗖 Add
				□ Remove
				Change
				Add
				Remove
)- -		Change
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				F∏ □ Remove
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fective date, if other than the dat	e of filing:				_ (optional)		
in effective date is listed, the date must be	specific and can	not be prior to	date of filing o	r more than 90 d	lays after filing.	.) Pursuani t	o 605.03
nte: If the date inserted in this block ocument's effective date on the Depar			de statutory ti	ling requireme	ints, this date	will not be	nstea
record specifies a delayed ef	factiva date	a but not	an effectiv	e time at 1	2·01 a.m.	on the e	adier
The 90th day after the record	is filed.	e, but not	an enecuv	e dine, at 1	2.01 8.111.	on the c	orne,
8th of December	, 2	017					
		0	•	_			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00