L18000004317

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
wrono	form

Office Use Only



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Amend

OCT 1 7 2018

D CUSHING

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: An	drew's Vendin	and Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Andrew Christy Name of Person		
		indrews Vending Firm/Company	LLC_	
		Ardmore ct		
	Nicevi	City/State and Zip Code	2578	
		excel to hotmail report notification be used for future annual report notification.	cation)	
For further information of	oncerning this matter, please ca	all:		
Andrey Name o	U Christy TPerson	at (318) Daytime	- 52DL Telephone Number	
Enclosed is a check for t				Ç*.
□ \$25.00 Filing Fee	≤ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	

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



September 20, 2018

ANDREW CHRISTY ANDREW'S VENDING LLC 9 ARDMORE CT NICEVILLE, FL 32578

SUBJECT: ANDREW'S VENDING LLC

Ref. Number: L18000004317

We have received your document for ANDREW'S VENDING 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.

Diane Cushing Senior Section Administrator

Letter Number: 218A00019669

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

An	drew's Vending LLC
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	Crew S Jenoing Liability Company as it now appears on disprecords.) Florida Limited Liability Company) ility Company were filed on January 8, 3619 and assigned 5
Florida document number <u>L 180000043</u>	<u> 13</u> .
This amendment is submitted to amend the followi	
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida
	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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> 9 Andmore ct pradd Alexander Christy AMBR Niceville, FL 32578 _□ Change _ Change □ Add _□ Remove _□ Change _ 🗆 Add □ Remove □ Change □ Add ☐ Remove _ Change _□ Add ☐ Remove __ Change

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effective date is e: If the date	f other than the dat s listed, the date must be s inserted in this block of tive date on the Depart	specific and ca does not mee	mnot be prior to at the applicab	date of filing or me	(op ore than 90 days a grequirements, t	fter filing.) Pursua	nt to 605,026 t be listed a
ne 90th da	ifies a delayed eff y after the record	is filed.				1 a.m. on the	e earlier
:d S e 1	ptember 3=	7	3018	. •			

Page 3 of 3

Filing Fee: \$25.00