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(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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A.S.

COVER LETTER

Cast Vendi	ng LLC	•				
SUBJECT.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Sean Castillo					
	Name of Person					
	Cast Vending LLC					
	Firm/Company					
	4301 S Flamingo Road Suite 106					
Address						
	Davie, FL 33330					
City/State and Zip Code						
	castvending@gmail.com	to be used for future annual report notif	· ontion)			
		•	ication)			
For further information (concerning this matter, please c	all:				
Sean Castillo		954 999-8788 at ()				
Name of Person		Area Code Daytime	: Telephone Number			
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addre</u>	<u>ss:</u>	Street Address:				

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

(Name of the Limit	ted Liability Comp: (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited L. Florida document number 1.18000130563	and assigned			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o			2021 O SECE SALLA	
he new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "L	LLC" or the abbitivitation \(\frac{\Pi}{2}\).L.C."	
Enter new principal offices address, if applic	able:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
			0 <u>2</u>	
			6 30	
Inter new mailing address, if applicable:		4301 S Flaming Road Suite 106 #2009		
Mailing address MAY BE A POST OFFICE	BOX)			
3. If amending the registered agent and/or (registered office	address on our records, en	ter the name of the new regist	
gent and/or the new registered office addre				
Name of New Registered Agent:	Sean Castillo		·····	
New Registered Office Address:	4301 S Flamin	go Road Suite 106		
		Enter Florida street add	dress	
	Davie		Florida 33330	
		City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Cast Vending LLC

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 hopeby 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sean Castillo	4301 S Flaming Road Suite 106	
		Davie, FL 33330	Remove
			Change
			□Add
			□Remove
			☐Change ☐Change ☐Change ☐ACCA ☐ACCA
			SSO & C
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
		<u> </u>	□ Add
		<u></u>	□Remove
			Change

Typed or printed name of signee