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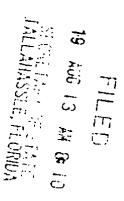
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AUG 2 0 2019 S. YOUNG

COVER LETTER

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TO:

Registration Section

Division of Corporations

euburzt.	ATN	1 & WINDING 1	Laturas 166	
SUBJECT:	_/1//_	Name of Limi	ited Liability Company	
		nendment and fee(s) are sub	-	
Please return all c	correspond	ence concerning this matter	to the following:	
		DERCH STAMA	Name of Person	
		Alm & VENDING	Vertical LLC Firm/Company	
			Address	1
		Beaffeld BLAC	L F1 35442	
	-	dstamber 109 E-mail address: 0	City/State and Zip Code MA; 1 - COM to be used for future annual report	rt notification)
For further inform		erning this matter, please co		
Dezzii (Hambi Name of Po	~ l	at (<u>954</u>) <u>918</u> Area Code D	7262 Paytime Telephone Number
Enclosed is a che	ck for the t	Ollowing amount:		
\$25.00 Filing	: Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee. FL 32314	Registration S Division of C Clifton Build	orporations ing ve Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATM (VIN) IN	NENFUALL	LL. (our records.)	
Florida document number <u>L 19000 162 §</u>	iability Company v	, , ,	ve 20,2019	and assigned
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: In new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" on the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Audiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the magistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Selection of the street address of t				
The new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>			
				~
· · · · · · · · · · · · · · · · · · ·	•		ir records, <u>enter</u>	the name of the n
Name of New Registered Agent:	DERLIC ST	ambul		
New Registered Office Address:	3275 Weit	Hills boro 1514	Street address	
	beent ald h	City	Florida	35442. 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	S300 NW S5 H BIVEL #302 CCCCAN CALLER FT 33073	Type of Action
	ASHLEY WAIKEA	(C(CXU) CHEEK / F JID.)	
			Remove
		7576 (courty) And AUN E	Change
CEO	DERLIK Stambal	DOCA MATEN F1 33433	Add
			☐ Remove
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Nuger 1- 4th 2019.
(Signature of a member or authorized representative of a member
	DERELL Stamb- Typed or printed name of signee

Page 3 of 3

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