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SEP 01 2020

S. YOUNG

COVER LETTER

Division of Corporations	٠.	
SUBJECT: L'ANTGNIM, LLC		•
Name	e of Limited Liability Company	
The enclosed Articles of Amendment and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	achay DeJainette Name of Person	
	Lightshine, LLL Firm/Company	
60Z	133 ^{sd} 5+. E	
	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
E-mail ac	ddress: (to be used for future annual report notification)	
For further information concerning this matter, p	please call:	
Zauhay De Sainette	at (94) Area Code Daytime Telephone	SO E Number
Enclosed is a check for the following amount:		
✓ \$25.00 Filing Fee	tatus Certified Copy (additional copy is enclosed)	60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	

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

/ salateline 110		
(Name of the Limited Liability Compa	ny as it now appears on our records.)	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	war flad on 9/20/2019	and assigned
	were fried on	and assigned
lorida document number <u>L 19000738747</u>		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Florida First Stop Vending, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Inter new principal offices address, if applicable:		
• •		
Principal office address MUST BE A STREET ADDRESS)		
inter new mailing address, if applicable:		- · · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a	address on our records, enter the nat	ne of the new registere
gent and/or the new registered office address here:	address on our records, <u>enter the nur</u>	ne or the new registere
Name of Nam Dagiotagad Agants		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
iew 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
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			\ _Add
			□Remove
			□Change
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Note: If the	ate, if other than the date is listed, the date me date inserted in this be effective date on the l	block does no	t meet the app	dicable statutor	ng or more than 90 ry filing requirer	(optional) days after filing.) nents, this date v	Pursuant to 605.0207 vill not be listed as
record spec d is filed.	ifies a delayed effecti	ive date, but n	iot an effective	e time, at 12:01	a.m. on the ear	lier of: (b) The	90th day after the
Dated	7/16		. ZOZ ubej C	<u>0</u> .			
		Signature of	`a member or au	uthorized represo	entative of a memb	Der .	
	•	Zaw	,	CSCUV			

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