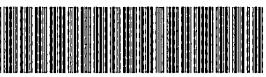
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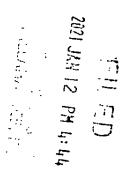
(Requestor's Name)	
(Address)	4003579
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	01/12/21019
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COVER LETTER

:

Registration Section Division of Corporations

BJECT: Flor	ida First Stol Name of Lin	Jerding UL nited Liability Company	-
enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ase return all correspo	ondence concerning this matter	to the following:	
	Zacho	Wy Desarrette Name of Person	
	Florida First	Stor Lending UL Firm/Company	
	602 133rd St.	E Bradenton FL	34212
	Brodunton, PL Zacharydeja	34212 City/State and Zin Code	
	Zacharyde)	E JULOO. WM to be used for future annual report notif	fication)
further information co	oncerning this matter, please ca	all:	
achay V	X anche Person	at (941) S40 - Daytime	- 4450 Telephone Number
losed is a check for th	e 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)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Second Division of Corporate Centre of Table 15 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida First Stop	Vending, UC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears Limited Liability Company)	on our records.)	
Articles of Organization for this Limited Liability Corida document number <u>L19000238742</u>	mpany were filed on	7/20/2019	_ and assigned
s amendment is submitted to amend the following:			
If amending name, enter the new name of the limit		<u> </u>	
new name must be distinguishable and contain the words "Limite		signation "LLC" or the abbre	viation "L.L.C."
er new principal offices address, if applicable:			
incipal office address MUST BE A STREET ADDRE	ESS)		203
		<u> </u>	- II
er new mailing address, if applicable:	-		<u> </u>
viling address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered at and/or the new registered office address here:	office address on our rec	cords, <u>enter the name o</u>	_
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	la street address	
		, Florida	
	City		Zip Code
Registered Agent's Signature, if changing Registered	Agent:		

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

menuing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager IBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
-			□Add
			□Remove
			
			□ Λ dd
			□Remove
			☐ Change
			□Remove
			□Change

enc	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
:	
eti If (e date, if other than the date of filing:
s _j d.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
_	1/9/ , 2021.
	Signature of a member of authorized representative of a member
	Zachay De Jainette Typed or printed name of signee