

L2000000 27838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

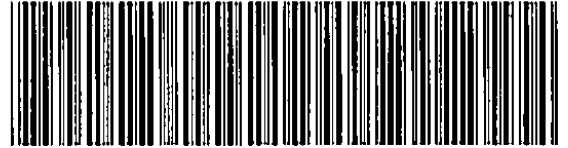
(Business Entity Name)

(Document Number)

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2020 MAY 12 AM 8:46  
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FBI/DOJ  
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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MY HOME YOUR HOME LLC

\_\_\_\_\_  
Name 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:

TANEISHA ROBINSON

\_\_\_\_\_  
Name of Person

MY HOME YOUR HOME LLC

\_\_\_\_\_  
Firm/Company

1000 NW 1 ST AVE APT 1103

\_\_\_\_\_  
Address

MIAMI, FL , 33136

\_\_\_\_\_  
City/State and Zip Code

ROBINSONT1001@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TANEISHA ROBINSON

786

554-1579

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TO  
ARTICLES OF ORGANIZATION  
OF

MY HOME YOUR HOME LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 22, 2020 and assign  
Florida document number L20000027838.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

VENDING ELITE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

Florida

*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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remov
		_____	<input type="checkbox"/> Chang
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		_____	<input type="checkbox"/> Cl
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		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C

2022 MAY 12 AM 3:46  
ALL INFORMATION CONTAINED  
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DATE 05-12-2022 BY 60322

2020 MAY 12 AM 8:46  
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MAIL ADDRESS CORRECTION

2020 MAY 12 AM 8:46  
SEEDING SITE  
VALLEYVIEW DRIVE

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.

Dated APRIL 27 2020

Tamara Robinson  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**