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SEP 21 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor	rporations		
West '	Vending LLC		
SUBJECT: west		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:	
	Cindy West		
		Name of Person	
	West Vending LLC		
		Firm/Company	
	5927 SW 70th ST Po Box	431644	
		Address	
	Miami, FL 33143		
		City/State and Zip Code	
	cindywest93@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	•	
Cindy West		954 665-4576	
Name c	of Person	at () Area Code Daytim	e 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	☐ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

West Vending 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 May 4, 2020 Florida document number L20000119793 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
AMBR	Yuri West	5290 Gate Lake Road Tamarae, FL 33319	
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			□Change
		<u> </u>	□Remove
			□ Change

	Change Cindy West from "Authorized Person" to "member" of West Vending LLC.
	
F ffect	ve date, if other than the date of filing:
(If an ef Note:	cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
f the recordis fi	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
13-4-3	July 20 2020
Dated	
	#
	Signature of a member or authorized representative of a member

Typed or printed name of signee