L21000052525

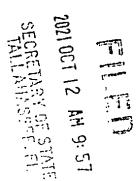
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SURFECT: M	hurrianidiaci i i c		
30b3t.c1	Norvending LLC	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mariana	i Menza	
	Tranance	Name of Person	
		-	
		Firm/Company	
	21346 gladis	Address	<u> </u>
	POST charlell	LIE 22957	
	To Charlet	He FL 33952 City/State and Zip Code	
		câgMail. Lom to be used for future annual repor	
For further information co	E-mail address: (oncerning this matter, please c		t notification)
	1 _		- 6
Name of	Person	at (<u>941</u>) Z Area Code Di	aytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	Mu 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		Street Addres Registration	
Division of Co	orporations		Corporations
P.O. Box 6327	7		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Mufvending LLC	2021 OCT 12 AM 9: 57
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company) TALLAHASSEE, EL
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000052525</u> .	were filed on 1/28/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
MVP VENDING LLC The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	Same address / 21346 gladis Ave Port Charlotte FL 33952
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	NÍA
New Registered Office Address:	Enter Florida street address
	Florida
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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Marianne Lorenzo	21346 gladis Ave	XAdd
		Port charlotte FL 33952	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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(If an ef Note:	tive date, if other than the date of filing:
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ord is f	9-27-2021
ord is f	iled.

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