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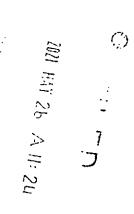
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COVER LETTER

Division of C			
SUBJECT: 2	pen Vendur Name of L	imited Liability Company	'* ——
The enclosed Articles o	f Amendment and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
		Kins Benews Name of Person	
	Ben	Vending LLC Firm/Company	
	645	Ives Dairy Rd	· <u> </u>
	Mia	mi FL 33179 City/State and Zip Code	
	E-mail address:	JSWalkins 91e yahoo (to be used for future annual report notification)). Com
For further information c	oncerning this matter, please o		
Walkins	Beneus	at (954) 696-808 Area Code Daytime Telephone N	25 × 0
Name of	f Person	Area Code Daytime Telephone N	
Enclosed is a check for th	e following amount:		¥ 25
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee, tificate of Status & tified Copy N litional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Link	Vending LLC	
	pility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on February 24	202/and assigned
Florida document number <u>L210000914</u>	92	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company " the designation "LLC" or the a	hhraviation "LLC"
	of the a	boreviation E.E.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	ARCCC)	·····
Trincipal office address MOST BE A STREET ADD	PRESS)	
		
Enter new mailing address, if applicable:	645 Ves DAIR	1 Road
(Mailing address MAY BE A POST OFFICE BOX)	Miami. FL 33	179
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the nam</u>	ie of the new registere
Name of New Registered Agent:		~
New Registered Office Address:		77
New Registered Office Address.	Enter Florida street address	
	Florido	<i>%</i> ∶
	City , Fiorida	Zip Code · !
New Registered Agent's Signature, if changing Registere	ed Agent:	-
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a peing filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my duties, and I am J agent as provided for in Chapter 605, F.S. Or, red office address, I hereby confirm that the lin	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AHBR	Waltins Beneus	645 Ives Dainy Rd	Mdd
		645 Ves Driny Rd Miami, FC 33179	□Remove
			□Change
			□Add
			□Remove
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ffective date, if other an effective date is listed ote: If the date insert ocument's effective dispersion of the date insert ocument's effective dispersion of the date.	I, the date must be speci ted in this block does	ific and cannot be p	ibilcante stanito:	ng or more than 90 derry filing requireme	_ (optional) ays after filing.) Pu nts, this date wil	rsuant to 605 I not be liste	6.0207 ed as
record specifies a dela is filed.	ayed effective date, b	ut not an effectiv	ve time, at 12:01	a.m. on the earlie	r of: (b) The 90)th day after	r the
ned May	19	, 20	21				
	1 Talk oc	Amorenis					
	Signature	of a members -	uthorizad	ntative of a member			

Filing Fee: \$25.00