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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

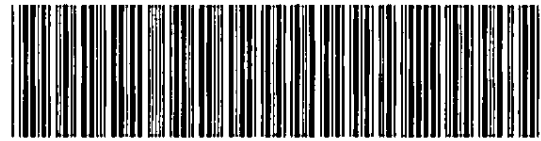
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL.

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mo SNACKS VENDING 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:

(DORIC MONTGOMERY)
Name of Person

Mo SNACKS VENDING LLC
Firm/Company

5249 ASTRAL ST.
Address

JACKSONVILLE, FL. 32205
City/State and Zip Code

DMONT0013@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORIC MONTGOMERY at (904) 866-6376
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

Mo SNACKS VENDING LLC

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	TYNBCIA L. MONTGOMERY	5249 ASTRAL ST.	<input type="checkbox"/> Add
		JACKSONVILLE, FL. 32205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR	DORIC MONTGOMERY JR.	5249 ASTRAL ST.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL. 32205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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[illegible]

(If an effective 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 (3)(b)

Dated JUNE 15TH, 2021

DAVID MONTGOMERY
Typed or printed name of signee