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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	10 SNAGKS YON	WWG LLC	· · · · · · · · · · · · · · · · · · ·
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	()or10	Maw160MERY Name of Person	
		Name of Person	
	MoSM	Firm/Company	2
		STRAL ST.	
		Address	
	(JACK SANY	1145. FL. 32205	
		City/State and Zip Code	
	DMONT.	City/State and Zip Code Oo/3 @ CMAH. COM to be used for future annual report no	<i>L</i>
			inication)
For further information c	oncerning this matter, please c	all:	
() Desc. 1	1 DAT GOMERY	at (904) 866 Area Code Daytis	.6376
Name o	f Person	Area Code Daytis	me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	action
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	2.7	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOUNACKS VENDING	LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on APRIL (o, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		7021 742
		T-3
		22
Enter new mailing address, if applicable:		S) - W
(Mailing address MAY BE A POST OFFICE BOX)		ric =
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the nai	me of the new registered
No. of China Declarated Assess		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	nner rioriaa sireei aadress	
	, 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 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 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	TYNECIA L. MONTGARDRY	5249 ASTRAL ST.	🗆 Add
		URCHEMVILLE, FL. 32205	Remove
			Change
AMBR	DORIC MONTGONERY JA	2. 5249 ASTRAL ST.	X Add
		CACKSONVILLE, FL. 32205	□Remove
			□Change
•			□Add
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□ Change

	
	
	
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neffective date is li te: If the date in	sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0203 serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
cord specifies a sfiled.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted <u>Uun</u>	E 15 m - 2021
	ale mt
	Signature of a member or authorized representative of a member
	SANC MONTGONERY Typed or printed name of signee
	· Jan c ~ Juniconary