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Bivins & Hemenway, P.A.

Attorneys At Law

1060 Bloomingdale Avenue, Valrico, Florida 33596 • Office: 813-643-4900 • Fax: 813-643-4904

October 14, 2021

VIA FEDEX PRIORITY OVERNIGHT

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Articles of Amendment to Articles of Incorporation --<u>Grab a Snack Vending, LLC - Florida Document #L21000373709</u>

Dear Sir or Madame:

Enclosed for filing with the Division of Corporations, is the following are signed Articles of Amendment to the Articles of Organization (the "Amendment") for Grab a Snack Vending, LLC, a Florida limited liability company, amending the following aspects of its articles of incorporation:

- a. Changing the Registered Agent to Robert W. Bivins (who has signed the enclosed Amendment) along with the Registered Address:
- b. Removing Mark Hudson as Manager; and
- c. Adding Raymond Higham as Manager.

We do not require any certified copies at this time.

Our firm's check in the amount of \$25.00 payable to the Florida Department of State is also enclosed for payment of the applicable filing fees.

Please let me know if you have any questions, and thank you for your assistance.

Very truly yours.

irin M. Webb, FRP

Paralegal to Robert W. Bivins

RWB/emw

Enclosures

Higham, Gloria Grab A Suack Vending LLC Translat DOC - Articles of Amendment vt 19-14-24

COVER LETTER

TO:

Registration Section Division of Corporations

Grab a Sna	ack Vending, LLC			
SUBJECT:	Name of Lir	nited Liability Company		
	Amendment and fee(s) are sulposted and fee(s)			
	Robert Bivins			
		Name of Person		
	Bivins & Hemenway P.A.			
		Firm/Company		
	1060 Bloomingdale Aven	ue		
		Address		202
	Valrico, FL 33596			2021 OCT 1 FALLAR
		City/State and Zip Code		Allas
	bbivins@bhpa.com			5 S
	E-mail address:	(to be used for future annual report notif	ication)	
For further information of	concerning this matter, please of	call:		
Robert Bivins		813 643-4900		n; on
Name o	of Person		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 (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monro	porations	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code	
	Valrico	, Florida ³³⁵⁹⁶	ä
 -	Enter F	lorida street address	
New Registered Office Address:	1060 Bloomingdale Avenue		
Name of New Registered Agent:	Robert Bivins		<u>_</u>
gent and/or the new registered office addre	ess here:		
3. If amending the registered agent and/or		records, enter the name of the nev	v registe:
	, -	i= U	n
,		-	
Mailing address MAY BE A POST OFFICE	 E BOX)	74. I	
Enter new mailing address, if applicable:		%	л :
		27	-1 -
			2 5
Principal office address MUST BE A STRE	ET ADDRESS)		707
Enter new principal offices address, if appli	icable:		
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.	L.C."
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
This amendment is submitted to amend the fol	lowing:		
Plorida document number 1.21000373709	<u> </u>		
The Articles of Organization for this Limited I		and ass	igned
		August 19, 2021	
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	cars on our records.)	
Grab a Snack Vending, LLC			

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Hudson	5745 Mossberg Drive, New Port Richey, FL 34655	🖸 Add
			Remove
			□Change
MGR	Raymond Higham	535 12th Avenue N, St. Petersburg, FL 33701	= Add
			□Remove
			🗀 Add
			□Remove
			□ Change
			DAGE T
			☐ □Remove
			Ghange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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	<u>≥5 </u>
	# O1
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t	ptional)
document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: d is filed.	(b) The 90th day after the
Dated October 12 2021	
Description	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00