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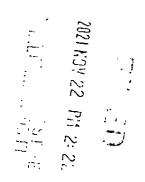
(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	

Office Use Only



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A. BUTLER

DEC - 8 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A & A VENCING 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:
Alessandra Voicanes Name of Person
AGA VENding Firm/Company
11425 SW 88th ave
MIGMI, FL 33176 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alessandra Volcanes Name of Person at (305) ## 450-1150 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

an ED

AGA Venging		2021 NOY 22 PH 2: 22
(Name of the Limited L (A F	iability Company as it now appears on our reco lorida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabil	1 1	D2 and assigned
	4	and assigned
Florida document number <u>L210004030</u>	<u></u>	
This amendment is submitted to amend the following	og:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	o o	_
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>ente</u> <u>re</u> :	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	r.	lorida
_	City , F	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 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
AR	Alessandra voicanes	11425 SW 88+h ave	□Add
		Miami, FL, 33176	ERemove
			□Change
AR	Anthony Hernandez	620 N 66th terr	□Add
		HONYWOOD, FL, 33024	Exemove
			🗆 Change
MGR	Alessandra voicanes	11425 SW88th ave	Œ∕Add
		Miami, FL, 33176	□Remove
		4020	□Change
MGR	Anthony Hernande	2 lo20 N both terr	🖺 Add
		HOLLY WOOD & FL, 33024	□Remove
			Change
			□Add
			□Remove
			□Change
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			□Change

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(If an eff Note:	ive date, if other than the date of filing:
the recore	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	November 19, 2021.
	NOVEMBER 19, 2021. alessandia Halling Signature of a member or authorized representative of a member
	Alessandra Vollanes Typed or printed name of signee