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T. MATTHEWS

OCT 2 7 2021

COVER LETTER

. TO: 1 Registration Section Division of Corporations

JV VENDI SUBJECT:	NG MACHINES PLUS LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	JORGE VARGAS		
		Name of Person	· · · · · ·
	JV VENDING MACHINE	S PLUS LLC	
		Firm/Company	 _
	13422 NW 38TH CT		
		Address	
	OPA LOCKA, FL 33054		
		City/State and Zip Code	
	JVVENDING5@GMAIL.C		
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
JORGE VARGAS		786 285-9647 at ()	
Name o	f Person	Area Code Daytime	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 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

JV VENDING MACHINES PLUS LLC

company has been notified in writing of this change.

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/27/2021}{}$ and assigned Florida document number L21000424458 This amendment is submitted to amend the following: 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

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

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<u>Title</u>	Name	Address 21 001 19 PM 12: 26	Type of Action
MGR	MELISSA VARGAS BOGARIN	13422 NW 38TH CT	
		OPA LOCKA, FL 33054	≣Remove
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(If an effec Note: If	e date, if other than the date of filing:
the record ecord is filed	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 d.
Dated _	October 12, 2021. Ways Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	*
	JORGE VARGAS Typed or printed name of signee

. . . .