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T. MATTHEWS JAN 14 2022

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:) aus Vending Name of Limi	ted Liability Company		· ·
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Jason V	Name of Person		
	Davis Va	ending LLC Firm/Company		
	1945 Noor	St. # 401 #)	
	Wesley C	hapel, FL. City/State and Zip Code	33544	
	Ud Ø21	3 e gmall. (00 to be used for future annual	N report notification)	
For further information	n concerning this matter, please c	all:		
	U. Davis	at (443 Area Code)	333-7631 Daytime Telephone	Number
Enclosed is a check for	r the following amount:			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	closed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Add	rocc.	Street A	.ddress:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Davis	Jending, UC	22 J''! -3 PH	3: 31
(<u>Name of the Limite</u> (d Liability Company as it now a A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Lia Florida document number <u>L 21000</u> 52	ability Company were filed o	m 12/13/2021	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compa	nv here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company."	the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u> <u>BOX)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres		our records, enter the nar	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street address	
	City		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
MGR	Jasen V. Davis		□Add
			□Remove
		Mys Near St., # 40 Wesley Chapel, F1.	BChange
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
	.		□Add
			□Remove
		· 	□Add
			□Remove
			□Change
<u>_</u>			□Add
			□Remove
			Change

f an ef <u>Sote:</u>	tive date, if other than the date of filing:
reco: d is fi	rd 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
Dated	December 28, 2021 2021
	Signature of a member of authorized representative of a member
	jugnating of a incinoci oraninorized representative of a member
	Juson V. Davis Typed or printed name of signee