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(Requestor's Name)
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COVER LETTER

. Registration Section

TO:

Division of Co	rporations			
Atm & ver	nding solutions LLC		•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Rasheem Edward			202 202
		Name of Person		DIVISION OF CONFORMITHE
	Zenbusiness Inc	Firm/Company		-6 -
	5511 Parkerest Dr. Suite 1			GESTA FM12:
		Address		形形 07
	Austin, TX 78731			
	fulfillment@zenbusiness.co	City/State and Zip Code om		
		to be used for future annual report noti	fication)	
-or further information of Zenbusiness Inc c/o Ras	concerning this matter, please c	ali: 844 4936249		
	of Person	at ()	e Telephone Number	_
Enclosed is a check for t				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addre	<u>ss:</u>	Street Address:		
Registration	Section	Registration Sec		
Division of C P.O. Box 632		Division of Cor The Centre of T	-	
Tallahassee,			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 $\frac{3/25/2022}{1}$ and assigned Florida document number $\underline{1.22000004747}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Vending Solutions LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviations 1401 44th ave east Unit A Bradenton, FL 34208 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1401 44th ave east Unit A Bradenton, FL 3420 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:

Atm & vending solutions LLC

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Robert Turner		□Add
			□Remove
		1401 44th ave east Unit A Bradenton, FL 34208	≡ Change
			□Add
			□Remove
			DIVISION OF CORP
			DIVISION OF CHROURASIONS 2022 MEP - 6d PH 12507
		-	PRO7
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ote: If the	te, if other than t late is listed, the date i date inserted in this ffective date on the	block does not	t meet the applic	cable statutory	or more than 90 d filing requireme	_(optional) ays after filing.) P nts. this date wi	ursuant to 605.02 Il not be listed
record spec is filed.	ifies a delayed effec	tive date, but n	ot an effective t	ime, at 12:01 a	.m. on the earlie	r of: (b) The S	Oth day after th
			2022	<u></u> .			
ated	_						
ated	/Robert Turner						
ated		Signature of	a member or auth	orized represent	ative of a member		