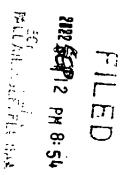
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(Requestor's Name)			
(Address)			
(Address)			
(1.001033)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
605.0209(5)			





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LLC Hrand 10-13-22

COVER LETTER

TO:	Registration Section Division of Corpor			
/1.F. / * * * * * * * * * * * * * * * * * *	- Clase	L Vending	110	
SUBJE	:CT:	Name of Lin	ited Liability Company	
The end	closed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please i	return all corresponde	ence concerning this matter	to the following:	
		Josep	h) Licata Name of Person	
			Name of Person	
			Firm/Company	
		_		
		13815	Waterbury ct Apt Address	206
			Myers FL 3391 City/State and Zip Code	
			City/State and Zip Code	
	,	H-mail address:	LX OR Comail. com (to be used for future annual report notifi	Continu
Day Su	than information con-	cerning this matter, please o		Cation
roi iui	,	cerning this matter, picase of	all.	
	··	Licata	at (443) 752-2	
	Name of Po	erson	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	following amount:		
≱ \$2:	5.00 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:	otion	Street Address:	4:
	Registration Sco Division of Cor		Registration Sec Division of Corp	
ad,	P.O. Box 6327	•	The Centre of T	allahassee
	Tallahassee, FL	, 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303
			•	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWFL Ven	ding LLC
(Name of the Limited I (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L 22 000 0894</u>	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e 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 A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	13815 Water bury ct Apt 206 Fort Myers FL 33919
B. If amending the registered agent and/or registered agent and/or the new registered office address have a Name of New Registered Agent:	stered office address on our records, <u>enter the name of the new registered</u> lere:
New Registered Office Address:	13815 Waterbury Ct Apt 206
-	Fort Myers, Florida 33919 City Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe.	igent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is existered office address, I hereby confirm that the limited liability ange.
and the second s	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

Title	Name	Address	Type of Action
MLR	Willem Mars	3675 Broad way 15	ĎAdd
		3675 Broad way 15 Fort Myers FL 3390	Remove
			[]Change
***************************************			🖸 Add
			🗆 Ксточе
			□Change
			□Add
		<u> </u>	□Remove
			DChange
			□Remove
			Change
			□ Add
			DRemove
			©Change
Charles Annaby proper affinement up and			CAdd
			□Remove
			[]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Willem Mak Mars was a terminated
employee who falsely filed the paperwork
without my approval or signature to add his
name and address on my LLC as a manager.
As Stated above I Joseph Licata sole owner of
SUPL Vending IIC did not give my consent or
Signature to approve Callow the changes Willem Mars
made. This paperwork is to rectify the mistake
of Sunbiz by not verifying information, and to
confirm tha I Joseph Licate am the only
owner of SWFL Vending.
<u></u>
1
E. Effective date, if other than the date of filing: (a) 5/22 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated $9/12/22$.
Signature of a niember or authorized representative of a member
Signature of a niember or authorized representative of a member
Joseph S Lica ta Typed or printed name of signee
Typed or printed name of signee

Filing Fee: \$25.00