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(Re	questor's Name)	
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	TC Vendi	ng and More, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
···	16 (2)	and the second			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Joaquin Ferreira			
		Name of Person			
		TC Vending and More			
		Name of Limited Liability Company  tent and fee(s) are submitted for filing.  oncerning this matter to the following:  Joaquin Ferreira  Name of Person  TC Vending and More  Firm/Company  2185 SW Wayne St  Address  Port St Lucie, FL 34984  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  g this matter, please call:  aat (	<del></del>		
	Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  m all correspondence concerning this matter to the following:    Joaquin Ferreira				
	<del></del>	Address			
		Port St Lucie, FL 34984			
		City/State and Zip Code			
	E-mail address: (	to be used for future annual report not	ification)		
For further information of			,		
	<u> </u>	at ()			
Name o	i Person	Area Code Dayun	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres			anti a m		
Registration Section Division of Corporations		<del>-</del>			
P.O. Box 632	<del>-</del>	The Centre of	l'allahassee		
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TC Vending and More, LLC

2022 JUL 25 AM 8: 14

(A Florida (A Florida )	da Limited Liability Company)	TAL	LAHASSEE EL
The Articles of Organization for this Limited Liability L22000257542 Florida document number		06/06/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>ne</u> :	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		··	
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		cords, <u>enter the na</u>	ame of the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		, Florida	Zip Code

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>	Name	Address	Type of Action
AMBR	Nicole Juliani	2185 SW Wayne St	<b>≅</b> Add
		Port St Lucie, FL 34984	Remove
		<del></del>	□ Change
			□Add
			□ Remove
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an effective date  fote: If the da	, if other than the da e is listed, the date must be ite inserted in this block	specific and ca	annot be prior t	to date of filing tble statutory	g or more than 90 filing requirem	days after filir ents, this da	ıg.) Pur te will	suant to not be	605.020 listed a
	ective date on the Depa				<i>8</i> 1	,			
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ated	July 22		2022						
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