L22000270478

(Requesto	or's Name)
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Documer	nt Number)
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SECRETA AY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration S Division of Co			
RANC V	ending LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Russ Jackson		
	<u> </u>	Name of Person	
	RANC Vending LLC		
		Firm/Company	
	12263 Silverthorn Court		
		Address	
	Jacksonville, FL 32258		
		City/State and Zip Code	
	info@naomijacksoncpa.cor E-mail address: (n to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Naomi Jackson		904 566-0520 at ()	
Name	of Person	Area Code Daytime Telephone	e Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RANC Vending LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our rec- Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on June 14, 2022	and assigned
Florida document number L22000270478	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ent	
agent annow the new registered office address nere.		SO ATE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	Iress
		Florida
	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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
VP	Naomi Jackson	12263 Silverthorn Court	
		Jacksonville, FL 32258	■Remove
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Effective date, if other than the elective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior ock does not meet the applica	to date of filing or more able statutory filing re		
ne record specifies a delayed effective ord is filed.	date, but not an effective til	me, at 12:01 a.m. on t	he earlier of: (b) The 90th o	day after the
Dated	2022	<u> </u>		
- Zusia	Accessor Signature of a member or author	orized representative of a	member	
•	J. Brande of a member of addite	rimou representative of a	memoer	
Russ Jackson		ed name of signee		

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