L22000356810

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(Business Entity Name)
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2022 SEP -8 PH 12: 42 SEP -8

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COVER LETTER

TO: Registration Se Division of Cor			
: SUBJECT:	1 & A Poc Name of Limit	oneer Vending ited Liability Company	S, LLC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	liana	Name of Person	
		Pioneer Vend	ing, LLC
	1650 H	orseshoe Terra	ce
	Deltono	City/State and Zip Code	78
	tanda 3e	en ves @ amail.	COYY_
For further information co	oncerning this matter, please co	ill:	
Name of	Jahn San Person	at (321) 350 Area Code Daytime	7259 Telephone Number
Enclosed is a check for th	e following amount:		
¥ \$25.00 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 Registration S Division of Co	ection orporations	Street Address: Registration Sec Division of Corp	oorations
P.O. Box 632	7	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

T&A Pioneer Ver	nding LLC LUK! SEP-8 PH 12:56					
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	And as it now appears on our records. E. Liability Company) AHASSEE, FILE					
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2200356810</u>	were filed on August 15, 2022 and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	pility company here:					
	N/K					
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	N/A					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered					
Name of New Registered Agent:	NIA					
New Registered Office Address:						
Enter Florida street address						
	, Florida					
New Registered Agent's Signature, if changing Registered Agent:						

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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	Adrienne Brown	n 1650 Horseshoe Ter	· [X Add
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s filed.									
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