122000363279

Office Use Only





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COVER LETTER

Tallahassee, FL 32314

| TO: Registration So Division of Cor | | | | |
|--|--|---|--|----------|
| SQ VEND | ING LLC | | | |
| SUBJECT: | Name of Lim | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | OMAR JASSER | | | |
| | | Name of Person | | |
| | SQ VENDING LLC | | | |
| | | Firm/Company | | |
| | 1224 CRIMSON CLOVER | RLN | | |
| | | Address | | <u>`</u> |
| | WESLEY CHAPEL, FL 3 | 3543 | 22 SEP - 7 AM 10: 42 | |
| | | City/State and Zip Code | | - |
| | OMAR_JASSER@HOTM | AIL.COM | 7 | 4 |
| | E-mail address: (| to be used for future annual report notif | ication) | |
| For further information of | concerning this matter, please c | all: | | |
| OMAR JASSER | | 201 707-2202 | 2 | |
| Name o | of Person | at () Area Code Daytime | : Telephone Number | |
| Enclosed is a check for the | he 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 | | Street Address: | Nion | |
| Registration : Division of C | | Registration Sec Division of Cor | | |
| P.O. Box 630 | • | The Centre of T | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SQ VENDING LLC | | |
|--|---|-----------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida | y Company as it now appears on our reco Limited Liability Company) | rds.) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 08/17/2022 | and assigned |
| Florida document number L22000363279 | <u> </u> | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | <u></u> | |
| | | 22.0 |
| | | r G |
| Enter new mailing address, if applicable: | | 1 95 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
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| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, ente | er the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addr | ess |
| | | Florida |
| Nam Danistanad Amant's Simpatura if abanding Danistanad | 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, <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 |
|--------------|----------------|-------------------------|--|
| PRES | OMAR JASSER | 1224 CRIMSON CLOVER LN. | WESLEY CHAPEL, F ■Add |
| | | | □Remove |
| | | | □Change |
| VP | RASHA SULEIMAN | 1224 CRIMSON CLOVER LN. | WESLEY CHAPEL, F ■Add |
| | | | |
| | | | ☐Change |
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| (If an ef <u>Note:</u> | ive date, if other than the date of filing: | 5.0207 (2 ed as th |
| | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | r the |
| | icd. | |
| ord is fi | | |
| | 08/23/2022 | |

Filing Fee: \$25.00