122000371694

(Requestor's Name)
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COVER LETTER

Division of Corpor	ations		
SUBJECT: PUHS	top Vendina Name of Limite	LLC d Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Jelixa	Valentin Ri Name of Person	<u>o</u> S
		Firm/Company	
	5544	Meadow Oak	3 ave
		City/State and Zip Code Callentin 1998@ Cyl be used for future annual report notifical	
_		-	ion)
	erning this matter, please call		
Telixa L Name of Pe	lalentin Rio	5 at (321) 362-91 Area Code Daytime To	lephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fec {	□ \$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)

Parameter Section

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Putt Stop Vending LLC	<u> </u>	
(Name of the Limited Liability Compar (A Florida Limited L	oy as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $2-23-202$	_2 and assigned
Florida document number 12200371694		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
R. E. A. L. L. O. V. E. Com The new name must be distinguishable and contain the words "Limited Liabif	pany LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1150 NW 72nd	Ave
(Principal office address MUST BE A STREET ADDRESS)	Tower 1 ste 4:	55 #9156_
•	Miam; FL, 331;	26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Andreas MAT DE ATTOOT OF THE BOTY		
B. If amending the registered agent and/or registered office a	address on our records, enter the r	name of the new registered
agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	一位 33
Name of New Registered Agent:		
		ASS THE PROPERTY OF THE PROPER
New Registered Office Address:	Enter Florida street address	
		8: 1 8: 1
	, Florida	STATE 21 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Remove
			□Change

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iote: If th	date, if other than the date of filing:
record sp I is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	January 30m. 2023.
	Signature of a member or authorized representative of a member
	Tel, Xa Valenta Ricz

Filing Fee: \$25.00