# L22000 387 271

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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# **COVER LETTER**

TO:

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eun ir <i>e</i> t.	One Stop S	hop Vending LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	ı all correspo	endence concerning this matter	to the following:	
		Brittni Jarrett		
			Name of Person	-0
		One Stop Shop Vending		元  
			Firm/Company	<del></del> · · ;
		915 N Franklin St. apt 112	I	,
			Address	
		Tampa, FL 33602		·
			City/State and Zip Code	
		brittnikjarrett@gmail.com		
For further i	nformation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ilication)
Brittni Jarre			214 5145252	
	Name o	f Person	at ()Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
<u></u> <b>∋</b> \$25.00 I	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)
	iling Addres		Street Address:	petion
	gistration S vision of C	orporations	Registration Se Division of Co	
	D. Box 632	-	The Centre of	
Ta	llahassee, F	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Stop Shop Vending, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 02, 2022 and assigned Florida document number  $\underline{L22000387271}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Secure Residential L.L.C The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

#### 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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