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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: MUN	<u>enic vending</u>	LIC	
<u> </u>		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Tayicr	ROST CW1+ Name of Person	
	Mun(n		
	TTTATTOTT	Firm/Company	
	<u> </u>	W 109 DE MICH	1. FL 33173
	<u> </u>	City/State and Zip Code	
	laviur-rostur	the be used for future annual report notion	fication)
For further information c	oncerning this matter, please ca	•	
Taylor RO		at (786) 759-	8249
Name o	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
图 \$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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	OF FILE
(Name of the Limited Liability Com (A Florida Limited	Dany as it now appears on our records.) (1 Liability Company) 2024 1104 Ait 9: 24
The Articles of Organization for this Limited Liability Compar	ny were filed on 12-17-12 AHASSE magaissigned
Florida document number <u>L220005181059</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Designer Distromiumi LL C The new name must be distinguishable and contain the words "Limited Lia	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7009 SW 109 B C+ MIGMIFL
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7009 (N 10911 Ct MICAMI, FL 33173
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Ση 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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
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effe <u>te:</u> I	The date, if other than the date of filing: \(1100000000000000000000000000000000000
cord s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ed <u>【</u>	November 11 2024
	Signature of a member or authorized representative of a member
	Taylor Roslant