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| (Requestor's Name) | |
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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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02/12/24--01018--020 **25.00



IMPORTANT NOTICE



PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Wednesday, January 31, 2024

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: T&J VENDING GRAB A SNACK, LLC

We have included payment in the amount of \$25.00 for the following fees:

Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

| Division of C | Section Corporations | | | | |
|--|--|--|--|--|--|
| subject: <u>T&J_V</u> | ENDING_GRAB_A_SNACE Name of Lim | K. LLC | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corre | spondence concerning this matter | to the following: | | | |
| | Corpor | ate Maintenance Le | ad | | |
| | | Name of Person | | | |
| | Proc | essing Department | | | |
| | | Firm Company | | | |
| | 1450 Vassar St | | | | |
| Address | | | | | |
| | | Reno, NV 89502 | | | |
| | | City State and Zip Code | | | |
| | | | | | |
| For further informatic | E-mail address: (on concerning this matter, please c | to be used for future annual report notif all: | ication) | | |
| Proce | ssing Department | at (800) 638-2320 | | | |
| | ne of Person | Area Code Daytime | : Telephone Number | | |
| Enclosed is a check for | or the following amount: | | | | |
| S25.00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Ft. 32 | n ations nter Circle | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| T&J VENDING GRA | |
|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited l | ny as it now appears on our records.) Liabibity Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000015995</u> . | were filed on 01/06/23 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| LT VENDING GRA | B A SNACK, LLC |
| The new name must be distinguishable and contain the words "Limited Liabil | Tity Company," the designation "LLC" or the abbreviation "L L.C" |
| Enter new principal offices address, if applicable: | 1315 Pacifica Dr. #106 |
| (Principal office address MUST BE A STREET ADDRESS) | Kissimmee, FL 34744 |
| | 4045 D. 15 D. 14406 |
| Enter new mailing address, if applicable: | 1315 Pacifica Dr. #106 |
| Mailing address MAY BE A POST OFFICE BOX ₁ | Kissimmee, FL 34744 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Emer Florida street address |
| | . Florida |
| · · · · · · · · · · · · · · · · · · · | Cuy Zıp 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, 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 | Lateeya Tyner | _1315.Pacifica_Dr#106 | |
| | | Kissimmee, FL 34744 | Remove |
| | | | ☐ Change |
| MGR_ | Joannie Jones | 3149 QUAIL DRIVE | |
| | | DELTONA, EL 32738 | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
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| | | | Add |
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| | | | ☐ Change |

| D. If amen | ding any other info | rmation, enter chan | ge(s) here: +Atta | ach additional sh | ects, if necessary.) | |
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| Note: If | tive date is listed, the date the date inserted in th | the date of filing: | mot be prior to date of the applicable sta | of filing or more than tutory filing requi | (optional) (90 days after filing) Pr rements, this date wil | usuunt to 605,0207 (3)(I not be listed as the |
| | rd specifies a dela 0th day after the | ayed effective date record is filed. | e, but not an e | ffective time, | at 12:01 a.m. on | the earlier of: |
| Dated | January 31 | · . <u>-</u> | 2024 . | | | |
| | 70 | 7_ | 7/- | 7. | | |
| | | Signature of a men | eer or authorized re | presentative of a no | mber | |
| | | · | Lateeya Tyr | ner | | |
| | | Ty | ped or printed name | of signee | | |

Page 3 of 3

Filing Fee: \$25.00