L23000033115

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(Address)
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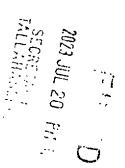


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ALL AHASSEE, FLORIT

RECEIVED



COVER LETTER

		ration Section of Corpor			
SUBJE	CT: _	Ram	Vending LL	<u> </u>	
			Name of Limit	ed Liability Company	
The enc	losed A	rticles of Au	nondment and fee(s) are subm	nitted for filing.	
Please re	oturu al	oorresponde	ence concerning this matter t	o th o following:	
			Ky	le Acosta Namo of Person	
			RAM	Vending, LL	·
			4105 SW	1 148th Terro	isce
			Miram	City/State and Zip Code	7
				obe used for finding sumulal report not	
For flut	her info	ormation con	cerning this matter, please cr	all:	
KY	12	Acos	ta	at (954) 682	- 1798 no Tolophono Number
		Namo oi P	eckon	Aros Code Dayti	in 1 debuoto 14mmon
Enclose	ed is a c	heck for the	following amount:		
B/\$2	5.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	 \$55,00 Filing Fee & Certified Copy (additional copy is candoard) 	\$60.00 Filing Peo, Certificate of Status & Certified Copy . (additional copy is enclosed)
	Regi Divi P.O.	ng Address stration Se sion of Co Box 6327 abassee, FI	otion rporations	Street Address; Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassec oe Street, Suite 810

90

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

=11	E _D
2023 JUI. 20	PH:
SECRETARIA TALLAHASSI:	

RAM VENDING 1	LC			
(Name of the Limited Liability Common (A Florida Limited L	y as it now anne lability Company)	ers on our record	<u>(a,</u>)	
The Articles of Organization for this Limited Liability Company	were filed on _	01/18	2023	_ and assigned
Florida document number <u>L 23000033716</u> .				
This amendment is submitted to amend the following:				
A. If smending name, onter the new name of the limited liabs	lity company	here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	dealgnation "LLC	C" or the abbre	oviation "L.L.C."
Knter 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)				
(Matting lightess MAT BEATOST OFFICE HOLD				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address en om	records, <u>ante</u>	r the name	of the new registered
Name of New Registered Agent:				<u> </u>
New Registered Office Address:				
	Knter l	Torida sireei addir	टा	
		, F	lorida	Zip Cods
	Clay			Zip Coas
Now Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent and agin provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance provided for t	of my duues, i n Chapter 605	ana 1 am ja i, F.S. Or, i	mutar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

If smending Authorized Person(s) suthorized 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>	Nante	Address	Type of Action
MGR	Schostian Plunoz	1220 manor Dr S waten FL.	3392 Josep Add
			CRamove
			Change
			DAdd
,			Remove
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Note: IF	thate, if other than the d we date is listed, the date must the date inserted in this bloo 's effective date on the Deg	ck does not meet t	ito abbitcapie ara	of filing or more then tutory filing requir	(optional) 90 days after filing.) P entents, this date wi	impent to 605,02 It not be listed
o record s rd is filed	occifies a delayed effective	date, but not an el	Meotive time, at	12:01 a,m, on the c	arlier of; (b) The S	Oth day after t
Dated	7/20/2	<u>3, _</u>	·			
		d	Acc			
		Signature of a mount	ar or authorized re	spresentative of a me	mber	

Filing Fee: \$25.00