

L23000044657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

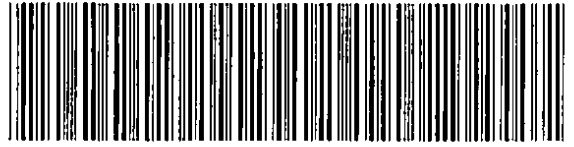
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Transcend Vending LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Constance Williams  
Name of Person

Transcend Vending LLC  
Firm/Company

P.O. box 1906 Palmetto FL 3422  
Address

IF P.O. NOT ACCEPTED: 2349 16th AVE Cir IE  
City/State and Zip Code Palmetto FL 3422

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Constance Williams at (941) 290-9657  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 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**

Transcend 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 January 24, 2023 and assigned Florida document number 223000044657

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2349 16th Ave Cir E  
Palmetto FL 34221

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:

Ta'hesha Grooms

New Registered Office Address:

2349 16th Ave Cir E

Enter Florida street address

Palmetto FL

City

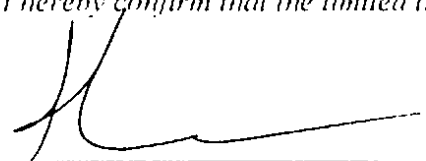
Florida

34221

Zip 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 an existing 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>	<u>Address</u>	<u>Type of Action</u>
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MGR	Transcend Vending LLC	P.O. box 1906 palmetto Fl. 34221	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGR	Constance Williams	114 15th Ave Cir W Bradenton Fl 34205	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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AMBR	Ta'leshia Grooms	2349 16th Ave Cir E palmetto Fl 34221	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Sep 8 2023

Chris

Signature of a member or authorized representative of a member  
Constane Williams  
Typed or printed name of signer

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2023

CONSTANCE WILLIAMS  
P.O. BOX 1906  
PALMETTO, FL 34221

SUBJECT: TRANSCEND VENDING, LLC  
Ref. Number: L23000044657

We have received your document for TRANSCEND VENDING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers  
Regulatory Specialist III

Letter Number: 323A00019168