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COVER LETTER

TO:	Registration Section Division of Corporations		·		* · · · · · ·
SUBJI	ECT: TRANSCEY	Name of Limited Liability Compa	g UC	•	
The en	iclosed Articles of Amendment and	fee(s) are submitted for filing.			
Please	return all correspondence concernir	g this matter to the following:			
		MStance Name of Pers	William	S	
		Transcend Firm/Compa	verding	y UC	
		$P \circ O \cdot V $	206 Pala	netto FI	34
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	——————————————————————————————————————	mail address; (to be used for future	annual report notification	<u> </u>	
For fu	rther information concerning this manner of Person	itter, please call: Area Co	Daytime Telepl	S 7	
_	sed is a check for the following amo	unt:			
√ \$2	25.06 Filing Fee □ \$30.00 Fili Certificat	e of Status — Certified C		S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)	
	Mailing Address: Registration Section		treet Address: Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number 123004465.	were filed on January 20, 20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2349 Noth Ave CICE
(Principal office address MUST BE A STREET ADDRESS)	- raimetto +1 39/21
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2349	address on our records, enter the name of the new registers Charles CV E 35 Enter Florida street address City Zip.Code C
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and agent provisions of all statutes relative to the proper and complet 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 of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If an ending 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>	Name	Address	Type of Action
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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.

Letter Number: 323A00019168

Alecia Rivers Regulatory Specialist III

www.sunbiz.org