## 418,6000

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Fort Myers Ver	iding
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	
Please return all correspondence concerning this matter	to the following:
Oleksano	dr Sementov Name of Person
Fort My	jers Vending Firm/Company
<u>16149 illour</u>	14 Abbey way #101
Fort Mye	City/State and Zip Code
oleksandt_s E-mail address:	Semenkovo yahvo. cum (10 be used for future annual report notification)
For further information concerning this matter, please	call:
Oleksandr Semenkov Name of Person	at (235) 989-4224  Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, 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

FLED

Fort Myers (Name of the Limited	Vendin	g //C	202:	3FEB 16 PM 1:39
(Name of the Limited	Liability Compan Florida Limited Li	as it now appears on our re- ability Company)	cords.)	LLASSEE. FL
The Articles of Organization for this Limited Lial Florida document number <u>L230000629</u>	bility Company v	vere filed on <u>02 /02 /</u>	2023	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabil	ity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the designation "	LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			<del>,</del>
Enter new mailing address, if applicable:			<del></del>	<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		idress on o <b>ur re</b> cords, <u>er</u>	iter the name	of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street ac	Idroec	
		Cuy	, Florida	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 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	Oleksandr Semenkov	16149 Mount Abbey way #101 Fort Myers FL 33908	l <b>v</b> Add
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Effective date, if other than the date of filing:  (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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
he 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 thord is filed.
Dated 13 February 2023
Signature of a member or authorized representative of a member
Oleksandr Semenkov  Typed or printed name of signee