## L23000093595

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer  |
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Office Use Only



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William Cellicon,

SUL 30

## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

| MANCHES SUBJECT:                | STER VENDING LLC                             |   |  |  |  |
|---------------------------------|--|---|--|--|--|
| SUBJECT:                        | Name of Lim                                  | ited Liability Company  |  |  |  |
| The enclosed Articles of        | Amendment and fee(s) are sub                 | omitted for filing.   |  |  |  |
| Please return all correspo      | ondence concerning this matter               | to the following:   |  |  |  |
|                                 | Benjamin Dante Pitt                          |   |  |  |  |
|                                 | <del>-</del>                                 | Name of Person  |  |  |  |
|                                 | Manchester Vending LLC                       |   |  |  |  |
|                                 |  | Firm/Company  |  |  |  |
|                                 | 4350 St. Johns Ave. STE 1                    | 5 Unit 360  |  |  |  |
|                                 |  | Address   |  |  |  |
|                                 | Jacksonville, Florida 3221                   | 0   |  |  |  |
|                                 | <del> </del>                                 | City/State and Zip Code   |  |  |  |
|                                 | bpitt@manchestervending.c                    | _   |  |  |  |
|                                 | E-mail address: (                            | to be used for future annual report n                               | ottlication)   |  |  |
| For further information c       | oncerning this matter, please c              | all:  |  |  |  |
| Benjamin D. Pitt                |  | 215 313-9788<br>at ()   |  |  |  |
| Name of Person                  |  | Area Code Dayt  | ime Telephone Number   |  |  |
| Enclosed is a check for the     | ne following amount:                         |   |  |  |  |
| ■ \$25.00 Filing Fee            | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of Status & Certificate Copy (additional copy is enclosed) |  |  |
| Mailing Addres                  |  | Street Address:   |  |  |  |
| Registration S<br>Division of C |  | Registration S  |  |  |  |
| P.O. Box 632                    |  | Division of Corporations The Centre of Tallahassee                  |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

|  |   | 24                                       |
|--|---|--|
| MANCHESTER VENDING LLC   |   |  |
| (Name of the Limited Liab<br>(A Flori                          | Ility Company as it now appears on our recorda Limited Liability Company) | <u>ds.</u> )                             |
|  | , , ,   | ال ما الله الله الله الله الله الله الله |
| The Articles of Organization for this Limited Liability        | Company were filed on 2/21/23   | and assigned                             |
| Florida document number L23000093595                           |   | 9.00 <del>14</del>                       |
| This amendment is submitted to amend the following:            |   | ·  |
| A. If amending name, enter the new name of the lin             | mited liability company here:   |  |
| Manchester Logistics LLC                                       |   |  |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC                            | O" or the abbreviation "L.L.C."          |
| Enter new principal offices address, if applicable:            |   |  |
| (Principal office address MUST BE A STREET ADD                 | DRESS)  |  |
|  | <u> </u>  |  |
|  |   |  |
| Enter new mailing address, if applicable:                      |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)                     |   |  |
| Maning duaress MIT DE TIT OST OTTICE BOTT                      |   | <del></del>                              |
|  | <del></del>   |  |
| B. If amending the registered agent and/or register            | ed office address on our records, enter                                   | the name of the new register             |
| agent and/or the new registered office address here:           |   | the name of the new register             |
|  |   |  |
| Name of New Registered Agent:                                  |   | <u></u>                                  |
| New Parliage d Office A LL                                     |   |  |
| New Registered Office Address:                                 | Enter Florida street addre:   | NN .                                     |
|  |   |  |
|  | , FI  | orida                                    |
|  | C. r., r  | 12172 C.1744                             |

## 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 |
|-------------------|-------------|---------|----------------|
|                   |             |         | □Add           |
|                   |             |         | □Remove        |
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|                   |             |         | □ Change       |

| fective date, if other than the date of filing:  | rhone                          | 215-313-978         | 38                                      |               |                 |                   |                |                  |                |               |
|--|--------------------------------|---------------------|---|---------------|-----------------|-------------------|----------------|------------------|----------------|---------------|
| fective date, if other than the date of filing:  |                                |                     |   |               |                 | · ·               | <u> </u>       | <del></del> .    |                |               |
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| fective date, if other than the date of filing:  | •——                            |                     |   |               | - · <u>-</u>    |                   |                |                  |                |               |
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| fective date, if other than the date of filing:  | •                              | <del></del>         | <del></del>                             | <del></del>   | <del></del>     |                   |                |                  |                |               |
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| n 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 605.02 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.  ecord 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 is filed.  |                                |                     |   |               |                 |                   |                |                  |                |               |
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| ted July 16th  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.  The goal and the date will not be listed cument's effective date on the Department of State's records.  The goal and t | fective da                     | te, if other t      | han the date (                          | of filing: _  | <u> </u>        |                   |                | (option          | at)            |               |
| ecord 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 stilled.  | n effective (<br>ite:   If the | late is listed, the | e date must be spe<br>in this block do. | cific and cam | not be prior to | date of filing of | or more than 9 | 0 days after fil | ing.) Pursuant | to 605.020    |
| ecord 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 stilled.  | cument's o                     | ffective date       | on the Departm                          | ent of State  | 's records.     | ne statutory i    | ining require  | ments, this d    | ate will not n | e listed a    |
| ted July 16th , 2024   |                                |                     | •                                       |               |                 |                   |                |                  |                |               |
| ted July 16th , 2024   |                                | •••                 |   |               |                 |                   |                |                  |                |               |
| ted July 16th , 2024   | cord spec                      | ilies a delayec     | d effective date.                       | but not an e  | ffective tim    | e, at 12:01 a.    | m, on the ear  | lier of: (b)     | The 90th day   | y after th    |
|  | is filed                       |                     |   |               |                 |                   |                |                  |                |               |
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|  | is filed.                      | ۲. ۱.               |   | 20            | 124             |                   |                |                  | <u> </u>       | )? <b>,</b>   |
| Signature of a member or authorized representative of a member   | is filed.                      | Sth                 |   |               |                 |                   |                |                  |                |               |
| Signature of a member or authorized representative of a member   | is filed.                      | Sth C               |   | · · ·         |                 | · ·               |                |                  | : -            |               |
|  | is filed.                      | Sth Company         |   | , _           |                 | · ·               |                |                  | ; ·<br>; ;     |               |

Typed or printed name of signee