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SECRETARY OF STATE DIVISION OF CORPORATIONS

Y. SCOTT NOV - 9 2023

## **COVER LETTER**

TO: Registration So Division of Con			
Berry Vend	ling LLC		
SUBJECT:	Name of Lir	nited 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:	
	Elaine Berry		
		Name of Person	<del></del>
		Firm/Company	<b>7.</b> 011
	P O Box 61304		SECRETARY OF COF
		Address	V-3
	Palm Bay Florida 32906		PR OR PR
	berryvending23@gmail.cor		arion
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifical	ation) — — ()
Elaine Berry		321 261-6850	
Name o	f Person		elephone Number
Enclosed is a check for the	he 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 9		Street Address: Registration Secti	on
Division of C P.O. Box 632	Corporations	Division of Corpe The Centre of Tal	orations
Tallahassee,		2415 N. Monroe S	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Berry Vending LLC

( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Electrical Householder Inches Inc		were filed on $\frac{03/02/3}{2}$	2023 and as	signed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
Berry Vending LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:		1608 Sunny Brook I	ane NE, Apt E207	,
(Principal office address MUST BE A STREET ADDRESS)		Palm Bay FL 32905	<b></b>	5EC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P O Box 61304 Palm Bay FL 32906	NOV -3 PM 3: 1	FILED RETARY OF STATE
B. If amending the registered agent and/or agent and/or the new registered office addroses.  Name of New Registered Agent:		address on our recor	ds, enter the name of the ne	w regi
	1608 Sunny Br	ook Lane NE, Apt E20	7	
New Registered Office Address:	Enter Florida street address			
	Palm Bay		, Florida <sup>32905</sup>	

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.

Clane Bolly
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>	Name	Address	Type of Action
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			□Remove
			[] Change
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Elaine Berry	3,00	. 1					
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Filing Fee: \$25.00