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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
SUBJECT: <u>S VENDI</u>	NG LLC		
SOBALCTI SVEND	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return ali correspo	ndence concerning this matter	to the following:	
	Corpor	ate Maintenance Le	ead
		Name of Person	
	Proc	essing Department	t
		Firm Company	<u></u>
	1	1450 Vassar St	- 1
		Address	· · · · · · · · · · · · · · · · · · ·
		Reno, NV 89502	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	ttřication)
For further information c	oncerning this matter, please e	·	
Process	ing Department	<sub>at (</sub> 800 <sub></sub> 638-2320	0
Name o	f Person		me Telephone Number
Enclosed is a check for th	ne 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)
Registr Divisie P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S VENDING, LLC	
(Name of the Limited L (A F	ability Company as it now appears on our records. forida Limited Liability Company)	)
The Articles of Organization for this Limited Liabil	ity Company were filed on 04/27/23	and assigned
Florida document number L23000209825		
his amendment is submitted to amend the followir	lâ:	
x. If amending name, enter the new name of the	limited liability company here:	
	SM VEND, LLC	$\sim$
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LEC"	or the abbreviation.3L.L.C."
Enter new principal offices address, if applicable	:	- 1
Principal office address MUST BE A STREET A		1
The same of the sa		::
Enter new mailing address, if applicable:		"බ සුව
Mailing address MAY BE A POST OFFICE BO	v)	
	<u> </u>	
3. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flor	
_	City	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 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
			Change
	***		
			Remove
			Change
			☐ Add
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· ·
Effective date, if other than the date of filing: N/A (optional)  (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)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  ) The 90th day after the record is filed.
Dated May 9 th 2023 .  Signature of a member or authorized representative of a member
Sandra Mendez

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Typed or printed name of signee

Filing Fee: \$25.00