

To:

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2024-08-23 12:01:49 UTC+14

18506176333

From: ZenBusiness User

L23000394401

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H24000282674 3)))



H240002826743ABC2

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : 120230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

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TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SURE POINT VENDING MACHINES LLC**

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K. SALY

AUG 23 2024

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From: ZenBusiness User

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sure Point Vending Machines LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diego Cruz

Name of Person

ZenBusiness INC

Firm/Company

336 E. College Ave Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

fulfillment@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

c/o ZenBusiness INC

at ( 844 ) 493-6249

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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To:

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18506176383

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

From: ZenBusiness U

FILED

2024 AUG 23 AM 2:57

DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

Sure Point Vending Machines LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2023-08-22 and assigned  
Florida document number L23000394401.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3954 White Ibis rd Lakeland, FL 33811

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3954 White Ibis rd Lakeland, FL 33811

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Joseph Paul Lieze Jr	3954 White Ibis rd Lakeland, FL 33811	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Collin Grey Spring	3954 White Ibis rd Lakeland, FL 33811	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA  
TALLAHASSEE COUNTY

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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FALL ARRESTED, FLETC

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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)(b)

**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.

If the 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 the record is filed.

Dated 8/22, 2024

/s/ Collin Grey Spering

Signature of a member or authorized representative of a member

Collin Grey Speding

Typed or printed name of signee