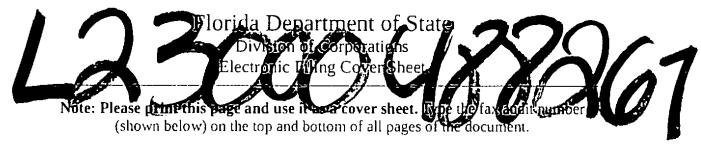
Division of Corporations



(((H23000414588 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

∠Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMART VENDING PLUS LLC

...

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

DEC 0 e SOSQIBH T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART Vending Plus 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 $\frac{10/25/23}{10/25/23}$ _____ and assigned Florida document number ______L23000488267 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: ņ Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

12/5/2023 Q7:53:18 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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	Johnson, Charlene	7901 4TH ST N STE 300	© Add
		ST. PETERSBURG, FL 33702	
			□Change
MGR	JOHNSON, RODNEY	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	■Remove
			□Change
			🗆 Add
		- +	□Remove
			☐Change
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Fax: 8134365206

	nation, enter change(s) here: (Attach additional sheets, if necessary.)	'
		
		
	1177	
 		
E. Effective date, if other than the (It an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the listense.	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Folock does not meet the applicable statutory filing requirements, this date w	Pursuant to 605,0207 (3)(I ill not be listed as the
f the record specifies a delayed effecti record is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	₩th day after the
Dated December 5	2023	
Carlotte.	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
Robin Jones		
	Typed or printed name of signee	