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02/16/24--01033--023 **25.00





COVER LETTER .

TO: Registration S Division of Co				
SUBJECT:	Savin' On	Vending LLC		
	Name of Lin	nted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jo	Salinon Name of Person		
		Name of Person		
	Savinon	Vending UC Firm/Company		
	_2927 Ta	raine Ave		
	Orla	City/Slate and Zip Code		
	Saumon E-mail address:	to be used for future annual eport notif	lication)	:::
For further information	concerning this matter, please c	all:	:	٠,
Name	Savinon of Person	$\frac{1}{\text{Area Code}} = \frac{307}{\text{Daytime}}$	ication)	်
Enclosed is a check for t	the following amount:			
S25.00 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

To whom it may concern:

In case my handwriting is not clear, I added this cover letter. My request is to have the apostrophe in my business name removed. I would like it changed from Savin'On Vending LLC to Savinon Vending LLC. Thank you.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	Vending LLC pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 2-6-2024 and assigned	
Florida document number <u>L24 0000 b68 68</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	<u>-LC</u>	
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	NA	
(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 agent and/or the new registered office address here:	address on our records, enter the name of the new-register	ed
Name of New Registered Agent:	NIA	
New Registered Office Address:	NJA Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	ıe

N/A
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:

		NA
MGR =	Manager	io ir .
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add ~-?;
			☐ Remove
			☐ Change
			☐Add ☐ 33 ☐Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day.	
	<u> </u>
	9
Tective date, if other than the date of filing:	<u> </u>
Tective date, if other than the date of filing:	i in w
ote: If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.	(optional) s after filing.) Pursuant to 605.0207 s, this date will not be listed as
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
is filed.	,
ated February 12. 2024.	
1313	
Signature of a member or authorized representative of a member	
Jose Sawinon Typed or printed name of signee	<u>. </u>

Filing Fee: \$25.00