Type the fact audit namber (shown below) on the top and bottom of all pages of the document.

(((H24000389477 3)))



H24000389477348CB

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 : ZENBUSINESS INC. Account Number : I20230000190

Phone : (844)449-3624 Fax Number

: (512)597-0678

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

Email	Address:	
<i>1</i> -1		-

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HUNGRY HIPPO VENDING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

T. LEMIEUX

Electronic Filing Menu — Corporate Filing Menu

## 2024-11-23 14:51:13 UTC+14 COVER LETER

18506176383

From: ZenBusiness User

TO: Registration Section Division of Corporations

Imagry Hippo Vending LLC

SUBJECT:

Name of Lonited Liability Company

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

Please return all correspondence concerning this matter to the following:

	Allison Monzon		
	<del>*************************************</del>	Name of Person	
	ZenBusiness INC		
		hum/Company	
	336 E. College Ave Suite	301	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
	E-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	ull:	
c/o ZenBusiness INC		at () 493-6249 Atea Code   Daybr	
Name o	of Person	Alea Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	2 \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ Sc0.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is anclosed

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: •

## 2024-11-23 14:51:13 UTC+14 18 AKTICLES OF AMENDMENT 18506176383 TO ARTICLES OF ORGANIZATION **OF**

Hungry Hippo Vending LLC		
(Name of the Limb	ed Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number 1.24000151793	, . , <u> </u>	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
Loot Vending LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	
(Principal office address MUST BE A STREE		
or incipal office datages most me A STREE		
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE I	BOX)	024
		[N
B. If amending the registered agent and/or re	egistered office address on our records. <u>e</u>	
agent and/or the new registered office addres	<u>s here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	
		, 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.

AGR= Man AMBR= Autl	ager oorized Member		
<u> itle</u>	Name	Address	Type of Action
			UlAid
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
······································			□Add
			□Remove
			LlChange
			——————————————————————————————————————
			□Remove
			□Change
<del></del>			UAdd
			i   Remove
			ПChange

\_\_ UChange

					<del></del>	
			<u> </u>			
		-				
<del></del>						
				•		
				<del></del>	•	
		· · · · · · · · · · · · · · · · · · ·		···		·
	•	•••	** ** *			•
					<del></del>	
ective date, if other than the	date of filing:		- 4 686		tional)	
effective date is listed, the date mu tet. If the date inserted in this b	lock does not me	et the applic	cable statutory filing			
ument's effective date on the L	repartment of Sta	ite's records	·.			
cord specifies a delayed effective ified.	re date, but not a	n effective t	time, at 12:01 a.m. c	m the earlier of: (	(b) The 90tl	h day after
ed	·	2024	·			
/c/ Alvina Ch	nackumoal					
/s/ Alvina C <u>l</u>	nackungal Signature of a me	ember or auth	ionzed representative	of a member		