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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (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 DFY VENDING LABS LLC

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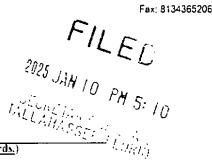
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K. SALY IAN 13 2025 1/10/2025 1:03:44 PST

Ta: 18506176383

Page: 2/4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OFY Vending Labs 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 12/17/24 ____ and assigned Florida document number L24000521030 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City 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.

1/10/2025 \$1:03:44 PST To: 18506176383 Page: 3/4 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
AMBR	BATEMAN, DAVID	7901 4TH ST N STE 300	🗀 Add
		ST. PETERSBURG, FL 33702	☑ Remove
			Change
AMBR	Batement, Daniel	7901 4TH ST N STE 300	Z IAdd
	ST. PETERSBURG, FL 33702	ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			TICKE JAMES
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Effective date, if	other than the date	of filing:		(optional)
Note: If the date	listed, the date must be spinserted in this block do ive date on the Departm	oes not meet the applicable	late of filing or more than 90 c statutory filing requirem	(optional) days after filing.) Pursuant to 605.0207 (ents, this date will not be listed as the
ne record specifies a ord is filed.	a delayed effective date.	. but not an effective time	, at 12:01 a.m. on the carli	ier of: (b) The 90th day after the
Dated January 10	ith	, 2025		
/ / /	VI SM Signal	tire of a member or authorize	ed representative of a membe	er
Nat Sn	aith			
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