P14000017230

| (Re | questor's Name) | | | |
|---|-----------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | 19120 | | |





100351140071

08/31/29 + 01029 + 020 - **35.00

2020 NOV -9 PM 1: 59
SECRETARY OF STATE

11/12/20





October 15, 2020

RICHARD GORDON 1040 B NE 44TH CT OAKLAND PARL, FL 33334

SUBJECT: RELIABLE VENDING SYSTEMS, INC.

Ref. Number: P14000017230

We have received your document for RELIABLE VENDING SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit all pages for filing. Page 3 of 4 is missing.All pages must be returned in order to file the document.Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00020375

Querida R Moore Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| NAME OF CORPORATION: Reliable Vending Systems IN: DOCUMENT NUMBER: P14000017230 | | | | | | |
| DOCUMENT NUMBER: 714000017230 | | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Reliable Verding Systems Inc. Firm/ Company 1040 B N.E. 4444 Court Address OAKland Park Fl 33334 City/ State and Zip Code RNM 196447 @ 42 hoo. COM E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Richard Gordon at (954) 556-0960 Name of Contact Person Area Code & Daytime Telephone Number | | | | | | |
| | | | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | | | |
| S35 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) | | | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee | | | | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

FILED

| of | a librar lega dust |
|---|--|
| Kelinble Vending System | S INC. 2020 NOV -9 PH 4:59 |
| (Name of Corporation as currently t | iled with the Florida Dept. of State) |
| P 14000017230 | SECHETARY OF STATE TALLAHASSEE FI |
| (Document Number of C | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Articles of Incorporation: | orida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | ٨/٨ |
| name must be distinguishable and contain the word "corporation," "cor | The new |
| name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particular and a second of the abbreviation "P.A." "chartered," "professional association," or the abbreviation "P.A." | npany, f or "incorporated" or the abbreviation "Corp., " professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| D. If amending the registered agent and/or registered office addres | ss in Florida, enter the name of the |
| new registered agent and/or the new registered office address: | |
| Vanna Changa da | Gedad |
| Name of New Registered Agent Kichard 1040 B N-E. (Florida street) | 44TH Court |
| New Registered Office Address: UTINA | Florida 33334 (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit | en |
| Signature of New Reg | istered Agent, if changing |

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change | PT John Doe | |
|-------------------------------|----------------------------|---------------------------------|
| X Remove | <u>V</u> <u>Mike Jones</u> | |
| X Add | SV Sally Smith | |
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | <u>Addres</u> s |
| 1) Change | P. MARK MAthews | 1040 B. NE 44774 CA |
| Add | | OAKLAND PK. Fl. |
| Remove | | 33334 101 0 N C 100Pt Occord |
| 2) Change X_ _ Add | P Kichard (pordon) | Orkland PK Fl. |
| Remove 3) Change | V Iveler Mereus | 33334 |
| <u>`</u> Add | | 1040 B N.E. 44TH C+ |
| Remove | | OAKland PK. Fl. |
| 4) Change | | 33334 |
| Add | | |
| Remove | | |
| 5) Change | | |
| Add | | |
| Remove | | |
| 6) Change | | |
| Add | | |
| Remove | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|---|--|
| | |
| N/A | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| · | |
| | |
| | |
| | |
| | |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the amendment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | |
| N/A | |
| 1 | |
| | |
| <u> </u> | |
| | |
| | |
| | |
| | |
| | |
| | |

. . . .

•

| | \$ 1. J. 4 | . 1 /A | |
|--|------------------------------------|--------------------------------------|---------------------------|
| The date of each amendment(s) adoption: date this document was signed. | | | , if other than the |
| Effective date <u>if applicable</u> : $\frac{9 \int_{I} 5}{\theta}$ | 2020 no more than 90 days after | amendment file date) | |
| Note: If the date inserted in this block does not a document's effective date on the Department of Sta | | ory filing requirements, this date w | vill not be listed as the |
| Adoption of Amendment(s) (CHEC | CK ONE) | | |
| The amendment(s) was/were adopted by the incaction was not required. | corporators, or board of dire | ectors without shareholder action a | nd shareholder |
| ☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app | | votes cast for the amendment(s) | |
| ☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr | | | |
| by Reliable Velding | | | |
| Signature (By a director, preside | Sarlon | etors or officers have not been | |
| | orator - if in the hands of a | receiver, trustee, or other court | |
| Richa | ird Gordon | | |
| (Ty | ped or printed name of per | son signing) | |
| Presi | dest | | |
| (Tit | tle of person signing) | | |