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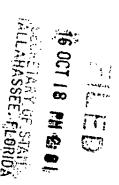
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COVER LETTER

TO: Registration Section, Division of Corporations
SUBJECT: Name of Limited Liability Company Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael K. Allew Name of Person
Netchers Distribution, LLC
1128 Royal Palm Beach Blvd. Ste 325
Royal Palm Beach FL 33411 City/State and Zip Code
Netchens Distribution & amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael K. Allen at (954) 993-1772 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \times S25.00 Filing Fee \times Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \times S25.00 Filing Fee \times S25

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ribution LLC pany as it now appears on our records.) [Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number/6000171003	y were filed on <u>Sep<i>tember 13, 2016</i></u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4114
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	A A S
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he	78.73
Name of New Registered Agent:	N/n = 5
New Registered Office Address:	Enter Florida street address
	, 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.

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:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael K. Allen	1128 Royal Palm Beach Blud. Suite 32	5 □ Add
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Filing Fee: \$25.00