L21000169099

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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Russell Distribution LLC SUBJECT: 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: Jason Russell Name of Person Firm/Company 4319 Unbriddled Song Drive Address Ruskin, FL 33573 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason Russell Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1421 SE 20 PH 5: 14

Russell Distribution LLC				
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) sy Company)			
The Articles of Organization for this Limited Liability Company were filed on 4/12/2021 and assigned Florida document number L21000169099				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of	company here:			
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."			
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 here:	ss on our records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Hadress.	Enter Florida street address			
	, Florida			
	ity Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfeacept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office address company has been notified in writing of this change.	ormance of my duties, and I am familiar with and deed for in Chapter 605, F.S. Or, if this document is			

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 20 20 21 5: 14	Type of Action
MGR	THE ARCHANGEL GROUP LLC	4312 TARKINGTON DRIVE	□Adđ
		LAND O LAKES, FL 34639	Remove
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fective date, if other than the date of filing:	(optional)
on effective date is listed, the date must be specific and cannot be prior to be terminate. If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated $\frac{9 \cdot 16 \cdot 31}{2}$.	
Signature of a member or authorize Typed or printed in	