K21000285399

(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Registration 5 Division of Co			
	ISTRIBUTION LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANYTHONY RUMA	Name of Person	
	RUBIN DISTRIBUTION		
		Firm/Company	
	10425 MONARCH ST	A11	
	Christilli Pr 24400	Address	
	SPRINGHILL FL. 34608	City/State and Zip Code	
	SALES@RUBINDISTRIB		
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
ANTHONY RUBIN		305 519-3492 at ()	_
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee & Certificate of S Certified Copy (additional copy is	Status &
Mailing Addro Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUBIN DISTRIBUTION L.L.C.		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number 1.21000285399	Company were filed on 06/21/21	and assigned
	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company "the decignation "LLC"	or the abbreviation "L. I. C."
·	united matrix Company, the designation 1752	of the anneviation 12.12.6.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our records, enter the	he name of the new regis
gent and/or the new registered office address here		
		C,
Name of New Registered Agent:		T.
- ALTER AND		•
New Registered Office Address:	Enter Florida street address	2
	rmer rioriaa sireei daaress	
	, Flor	
	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 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>	Name	Address	Type of Action
AMBR	ANTHONY RUBIN	10425 MONARCH ST, SPRINGHILL FL 34608	= Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Effective date, if other than the date if an effective date is listed, the date must be sp. Note: If the date inserted in this block dedocument's effective date on the Department.	ecific and cannot be prior to d ses not meet the applicable	(op late of filing or more than 90 days af e statutory filing requirements, t	tional) der filing.) Pursuant to 605.0207 (his date will not be listed as t
e record specifies a delayed effective date ed is filed.	, but not an effective time.	, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Angust 31	2021		
Dated .		•	
Dated August 31			
∩ - l xn -	ture of a member or authorize	ed representative of a member	