## L23000214656

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SB 9/18/25

## **COVER LETTER**

TO:

**Registration Section** 

Divi	sion of Cor	porations			
		istributors LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Lorenzo D Mitchell			
			Name of Person		_
			Firm/Company		- J.C.
		7385 Park Village Drive A	.pt. 6401		2005 AUS -1
			Address		- 2: -
		Jacksonville, FL 32256			
		•	City/State and Zip Code		`•· {;
		mrmitchell71@me.com			;
For further in	formation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	tification)	
Lorenzo D N			904 502-1435		
<del></del> -	Name o	i Person	at () Area Code Dayti	me Telephone Numbe	<u></u>
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	ling Addres		Street Address: Registration S	ection	
Div	ision of C	Corporations	Division of Co	orporations	
	. Box 632 lahassee, l		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite (	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mitchell Distributors LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	5.1
The Articles of Organization for this Limited Liability C	Company were filed on05/01/2023	and assigned
Florida document number 1.23000214656	<del></del> -	
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
Mitchell Marketing Solutions LLC		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	- 네티 - 151
Enter new principal offices address, if applicable:		23 8
Principal office address MUST BE A STREET ADDI	RESS)	27 1
		1 55
Enter new mailing address, if applicable:		1 23
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del> -
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s .
	Fla	orida
	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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	- <u>-</u>		□Add
			Remove
			□Change
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			Change
			□Remove
			□Chanoe

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				<del></del>
-				<u> </u>
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				<u> </u>
Effective date, if other th	an the date of filing:		(optional)	
(If an effective date is listed, the one Note: If the date inserted in	fate must be specific and cannot b	applicable statutory filing r	than 90 days after filing.) Pursuant tequirements, this date will not b	o 605.0207 (3 e listed as th
the record specifies a delayed cord is filed.	effective date, but not an effec	tive time, at 12:01 a.m. on	the earlier of: (b) The 90th day	after the
07/28 Dated	2025			
P				
Vore	ルグム むこ パー			

Typed or printed name of signee