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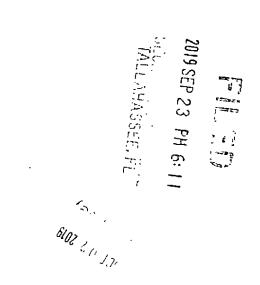
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Division of Co.	rporations	-	
B & J BRO SUBJECT:	OTHER'S DISTRIBUTOR GI	ROUP LLC	
	Name of Lin	tited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Domingo Abinader, MBA, I	EA	
		Name of Person	
	AB Taxes		
		Firm/Company	
	1901 S John Young Parkw	ay Suite 103	
		Address	
	Kissimmee, FL 34741		
	abmultiservices1@yahoo.cc	City/State and Zip Code om	
	E-mail address: (to be used for luture annual report notifica	ation)
For further information e	oncerning this matter, please ca	all;	
Domingo Abinader		407 601-6524	
Name o	t Person	at ()	elephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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Registration Section

TO:

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

B & J BROTHER'S DISTRIBUTOR GROUP LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears of Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company Florida document number		_	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the desig	nation "LLC" or the abb	previation "L.L.)	<u></u>
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
			15.	
			<u> </u>	6 E
Enter new mailing address, if applicable:		-	E 23	
Mailing address MAY BE A POST OFFICE BOX)				1 1
				ر المعالمات الموجودة
3. If amending the registered agent and/or registered of	Tice address on or	ir records, <u>enter t</u>	he name of	the no
egistered agent and/or the new registered office address here	<u>e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		
		Florida		
	City		Zıp 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> MARTINEZ, VALENTIN	Address 505 ROBERT AVE	Type of Action
AMBR			Add
		WINTER HAVEN, FL 33880	□ Remove
			□ Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Remove
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			□ Remove
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		-	
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ffective date, if other than the	date of filing:		(optional)
an effective date is listed, the date mus (ote: If the date inserted in this bloocument's effective date on the Do	ock does not meet the applicab!	date of filing or more than 90 da le statutory filing requiremen	ys after filing.) Pursuant to 605,0207 its, this date will not be listed as
e record specifies a delayed The 90th day after the rec	feffective date, but not a ord is filed.	an effective time, at 12	::01 a.m. on the earlier of
September 19	2019		
ated	·	•	
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Typed or printed name of signee

Filing Fee: \$25.00