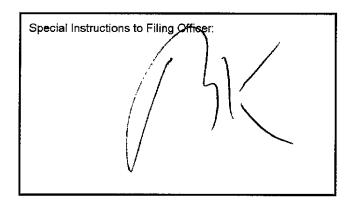
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(Re	equestor's Name)
(Ac	ddress)
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(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status



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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: L'o-dic Distribution LLC (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:    David Probert (Name of Person)
Name of Person)  Name of Person)
P.O. Box 211  (Address)
Shalimon FL 32579 (City/State and Zip Code)
For further information concerning this matter, please call:
Dovid Probert at (850) 796 - 3707  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

### 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

	1000016	DISTRIBUTION	LLC		
	(A Flo	(Present Name) orida Limited Liability Co	ompany)		
FIRST:	The Articles of Organization were f document number 2050001	iled on 10-24- 05 835.	2015 and	l assigned	
SECOND:	This amendment is submitted to ame	end the following:		2006 APR 14 PH 4: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	T
	Name ching	e to		R L	TILEU
	Wame change wild free do	n ic		HASSEE, F	
					5
Dated	4-13-06	·			
	Day Retailed a mem	her or authorized represe	ntative of a member		
	David Pro	ped or printed name of sig	nee	<del></del>	

Filing Fee: \$25.00