L07 0000 86482

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:	-·· ·· -·· -·· -·· -·· -·· -·· -·· -··			
·	-				
<u>I</u>					

Office Use Only



500216009405

01/12/12--01026--011 **25.00

SECRETARY OF STATE

T. CLAVE
JAN 13 2012
EXALVITARIA

COVER LETTER

TO: Registration Section Division of Corporations										
SUBJEC	CT:	B16	DX0		ted Liability Co	6 LLC	<i>6.</i>			
					,					
The encl	losed A	rticles of A	mendment :	and fee(s) are sub	omitted for filing	.				
Please re	eturn all	correspond	lence conce	erning this matter	to the following	; :				
				ALEX	CIA CC Name of P	c O erson				
				B16 0	Firm/Com	TRIBUTI/	N6 L	10		
						ر بر ر ه	•			
			SA	RASOTA	FL City/State and	Zip Code O>C . C O re annual report noti	240			
			AL	E-mail address:	HE BIG	o>c . co	fication)			
For furth	ner info			s matter, please of		· • · · · · · · · · · · · · · · · · · ·	,			
A LE	X C	Name of F	erson		at (7 c	3 3 7 1 - Area Code & Daytin	4638	Number	2012 JAN 12	٠,٠
Enclosed	d is a ch	eck for the	following a	amount:				مراد المراد ا المراد المراد المرا	JAH 12	e Carr
\$25.0	00 Filin	g Fee	\$30.00 Certif	Filing Fee & icate of Status	Certified	ing Fee & Copy nal copy is enclosed	d) (0.00 Filing Fee.		7
		Registrati Division P.O. Box	G ADDRE ion Section of Corpora 6327 ee, FL 323	tions		STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 32	on erations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG OX DISTR		LLC		_	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now Limited Liability Con	appears on our record apany)	<u>ls.</u>)		
The Articles of Organization for this Limited Liability C	ompany were filed	on <u>8-23-20</u>	u and	assign	ıed
Florida document number <u>L 0 7 0000 80°</u>	182				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability compa	ny here:			
MA.					
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability	Company," the designa	tion "LLC" or t	he abbi	reviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)	M-A	20	20	
			<u> </u>	2	
			SI		∯.°j stuanus
Enter new mailing address, if applicable:			\$2.50 \$1.50	2	France.
(Mailing address MAY BE A POST OFFICE BOX)		V.A.	7		
		<u> </u>	<u>S</u>	<u> </u>	¥.,
B 60			95	. 	
B. If amending the registered agent and/or regist registered agent and/or the new registered office address.		s on our records, <u>e</u>	nter the nam	e of t	<u>ne new</u>
Name of New Registered Agent:	1 . A				
	N.A	,			
New Registered Office Address:	1 1 1	Enter Florida stre	et address		
		, Floric	da		
	City	, 1 101 X	Zip C	ode	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Name **Address Type of Action** RANDY WHITE ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 107 " Dated ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00