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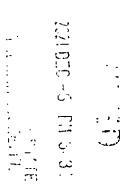
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A. BUTLER
DEC 1 5 2021

## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations		_		
DP Distribu	tion LLC		,		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Myriam K. Louis, Esq.				
		Name of Person			
	Lerman & Whitebook, P.A	٠.			
		Firm/Company			
	2611 Hollywood Boulevar	d			
		Address			
	Hollywood, Florida 33020				
		City/State and Zip Code			
	Myriam@lwlawfla.com E-mail address: (	to be used for future annual report not	iffication)		
For further information c	oncerning this matter, please c	all:			
Myriam K. Louis, Esq.		954 922-2811 at ()			
. Name o	f Person	Area Code Daytir	ne Telephone 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection		
Division of C		_	Division of Corporations		
P.O. Box 632	7	The Centre of			
Tallahassee, I	FL 32314	2415 N. Monro	se Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DP Distribution LLC

company has been notified in writing of this change.

2021 DEC -6 PN 3:31

Name of New Registered Agent:  New Registered Office Address:	2611 Hollywood	od Boulevard  Enter Florida stra	ret address , Florida <sup>3302</sup>	() Zip Code
	2611 Hollywoo	od Boulevard  Enter Florida stra		
		d Boulevard		
Name of New Registered Agent:	Carlos D. Lerm	2. 1		
	Carlos D. Lerman, Esq.			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	s, <u>enter the name</u>	of the new regis
	Aventura, Florida 3313	<del></del>		
Mailing address MAY BE A POST OFFICE	(BOX)	#802713		
Enter new mailing address, if applicable:		3585 N.E. 207th Street		
		<del></del>		
Principal office address MUST BE A STRE.	<u>ET ADDRESS)</u>			
Enter new principal offices address, if appli	cable:			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designat	ion "LLC" or the abbr	eviation "L.L.C."
A. If amending name, enter the new name of	of the limited liab	ility company here:		
This amendment is submitted to amend the fol	lowing:			
Florida document number L07000082338	·			
	liability Company	were filed on $\frac{08/10/200}{}$	)7 ————————	_ and assigned
The Articles of Organization for this Limited I				n i ili.

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

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□ Change
			□Remove
			□ Change
•			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

ran	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
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ian e Note	ctive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
ate	d November 29 2021
	Signature of a member or authorized representative of a member
	Myriam K. Louis, Esq.

Filing Fee: \$25.00