

LO8000054623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED  
14 MAY 21 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



To whom this may concern:

This disclosure statement hereby states that as of May 13, 2014 Heidi Behrendt will be acting indefinitely as the registered agent for 813 Distributors, LLC. The services performed by a registered agent may include:

- Receiving and forwarding legal documents;
- Receiving and forwarding franchise tax and annual report forms; and,
- Accepting and forwarding service of process.

Heidi Behrendt is neither manager nor member of 813 Distributors, LLC and will not be participating in any decision making processes under any circumstances. Heidi Behrendt is employed by 813 Distributors, LLC through her company, Demeter Properties Inc, to perform specific Real Estate transactions and services including but not limited to:

- Management of investment rental properties
- Sale of properties
- Purchase of properties

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony Alongi". The signature is stylized with a large, prominent "A" and "L".

Anthony Alongi, MGRM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **813 DISTRIBUTORS, 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:

**ANTHONY ALONGI**

Name of Person

**813 DISTRUBUTORS, LLC**

Firm/Company

**15548 WOODWAY DR**

Address

**TAMPA FL, 33613**

City/State and Zip Code

**ANTHONY@813DISTRIBUTORS.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ANTHONY ALONGI**

Name of Person

at **863 640-8100**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

**813 DISTRIBUTORS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 17, 2008 and assigned Florida document number L08000059623.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3101 N NEBRASKA AVE.

TAMPA FL, 33603

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3101 N NEBRASKA AVE.

TAMPA FL, 33603

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

HEIDI BEHRENDT

New Registered Office Address:

3101 N NEBRASKA AVE.

Enter Florida street address

TAMPA

City

, Florida

33603

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.*

*[Signature]*  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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14 MAY 21 11 09 AM  
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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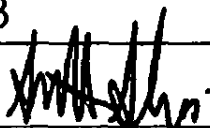
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 13, 2014



Signature of a member or authorized representative of a member

**ANTHONY ALONGI, MGRM**

Typed or printed name of signee

FILED  
MAY 13 2014  
TALLAHASSEE, FLORIDA

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MAY 13 2014  
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00

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