1000017078

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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Co				
CUR IFOT.	Masters Wh	olesale Distribution		
SUBJECT:		ted Liability Company		
	f Amendment and fee(s) are sub			
Please return an corresp	condence concerning this matter	to the following.		
George Garland				
		Name of Person		
Masters Wholesale Distribution				
Firm/Company				
2378 Old Combee Rd				
		Address		
		Lakeland Fl 33805		
	City/State and Zip Code			
	F-mail address:	ezcalsales@gmail.com to be used for future annual report notifica	tion	
For firsther information	concerning this matter, please of	·		
Lot implet illourgation	concerning uns matter, please c	au.		
	eorge Garland	ut (= = - /	13-7221	
Name	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIED Registration Section Division of Corporati		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Masters Wholesale Distribution (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) Feb 12 2010 and assigned The Articles of Organization for this Limited Liability Company were filed on ___ L10000017078 Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: George Garland Name of New Registered Agent: 550 Cypress St New Registered Office Address: Enter Florida street address Wauchula City

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.

It 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>	<u>Name</u>	Address	Type of Action
MGRM	Louis Cardona	2741 Horseshoe Dr Plant city Florida 33566	Add ☐ Remove
			Add Remove
	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary.) stered agent	
_			_
Dated	03/17/2010 Legy Jan		
		member or authorized representative of a member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00