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T. HAMPTON **EXAMINER**

COVER LETTER

TO:		ition Secti of Corpo		3				
SUBJE	CT:	SOA	+	K Di Name	sナレ、b of Limited I	entor Liability Company		
The end	losed Arti	icles of Ar	nendme	ent and fee(s)	are submitt	ted for filing.		
Please r	eturn all c	orrespond	ence co	oncerning this	matter to th	he following:		
				Mave	hall	Jenkir Name of Person	is Jr.	
				50	Aok	Distr Firm/Company	butor	
				1668	Fish	hawk Address	Crossing	Blud
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				Sdaan E-mail ac	d に 色dress: (to be	yanoo. used for future annu	al report notification	on)
For furt	her inform	nation con	cerning	this matter,	olease call:			
N	lavel	Name of P	Je 17 erson	kins	Jr.	at (<u>\$1.3.)</u> Area Co	<u>409- 5</u> ode & Daytime Tel	221 ephone Number
Enclose	d is a chec	ck for the	followi	ng amount:				
\$25.	00 Filing	Fee [00 Filing Fee ertificate of S		\$55.00 Filing Fed Certified Copy (additional copy		\$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





RECEIVED

10 DEC 17 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 3, 2010

MARSHALL JENKINS JR 5668 FISHHAWK CROSSING BLVD LITHIA, FL 33547

SUBJECT: SDA & K DISTRIBUTOR LLC

Ref. Number: L10000059725

We have received your document for SDA & K DISTRIBUTOR LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

OWNER is NOT a proper title.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 310A00028179

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILES SECRETARY OF STATE DIVISION OF COMPORATIONS

10 DEC 17 M 9:48

SDA+K Distributor LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on June 3, 2010 and assigned Florida document number 100000 59725.
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:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Marshall Jenkins. dr.	5813 Heronview Crescent Dr. Lithia Fl. 33547	Add Remove
	 .		Add Remove
			Add Remove
			Add Remove
	,		Add Remove
	_113 pr		Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SEURUTARY O
			OS STATIONS REPUBBISHED IN STATIONS
Dated	Nous In le Signature de member	or authorized representative of a member Jenkins dr.	
	Marshall Typed	venkins dr. or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00