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S. WARREN JUL 18 2017

COVER LETTER

ΓO: Registration Section Division of Corporations
SUBJECT: BAD DISTRIBUTOIS 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:
Andrea Bergsma
BAD DISTRIBUTORS
824-A Lake AVI, #392
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Androa Bergsma at (501) 801-4264 Name of Person at (501) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solutional copy is enclosed) \$30.00 Filing Fee Certificate of Status 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

(Name of the Limited Liability Compar (A Florida Limited L.	ny as it now appears on our records.) Adaility Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability".	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	824-A Lake AVE. # 392
(Principal office address MUST BE A STREET ADDRESS)	Lake worth, FC 33460
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	824-A Lake Ave.,#392 Lake worth, FL 33460
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	drea Bergsma
New Registered Office Address: 824	1-A Lake Ave #392
Lake	drea Bergsm 9 1-A Lake Ave. #392 Emer Florida street address Livit I Storida 332/60 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and crowided for in Chapter 605, F.S. Or if this document is

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If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited Hability

company has been notified in writing of this change.

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
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			Remove
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Filing Fee: \$25.00