

L120000061229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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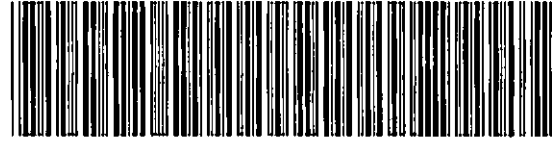
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

JUL 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAD Distributors
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
Name of Person

BAD Distributors
Firm/Company

824-A LAKE AVE., #392
Address

LAKE WORTH FL 33460
City/State and Zip Code

BADDISTRIBUTOR@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Bergsma at (561) 801-4264
Name of Person 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**

BAD 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 5/7/2012 and assigned
Florida document number C12000061229

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 contain 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)

824-A LAKE AVE., #392
LAKE WORTH, FL 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 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:

Andrea Bergsma

New Registered Office Address:

824-A LAKE AVE., #392

Enter Florida street address

LAKE WORTH

City

Florida

33460

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.

Andrea Bergsma
If Changing Registered Agent, Signature of New Registered Agent

FILED
MAY 17 PM 4:15
CLERK OF CIRCUIT COURT
DADE COUNTY
FLORIDA

[illegible]

FILED
17 JUL 17 PM 4:15
STATE
CLERK
TALLAHASSEE
FLORIDA