

L12000080076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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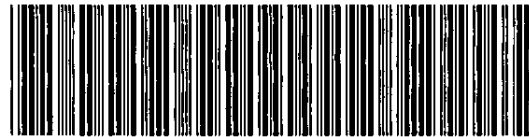
(Business Entity Name)

(Document Number)

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12 JUL -9 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 10 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANDERSON DISTRIBUITING 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:

DAVE DONALDSON

Name of Person

ANDERSON DISTRIBUITING LLC

Firm/Company

191 Post Rd West

Address

Westport CT 06880

City/State and Zip Code

davedonelson-anderson@live.com

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

For further information concerning this matter, please call:

DAVE DONALDSON

Name of Person

at ()

203 302 0477

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

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ANDERSON DISTRIBUITING LLC SECRETARY OF STATE

(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 06/18/2012 and assigned
Florida document number L12000080076.

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)

REGISTERED AGENTS OF AMERICA, INC.

199 E. FLAGLER STREET #510

MIAMI FL 33131 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

REGISTERED AGENTS OF AMERICA, INC.

199 E. FLAGLER STREET #510

MIAMI FL 33131 US

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:

REGISTERED AGENTS OF AMERICA, INC.

New Registered Office Address:

199 E. FLAGLER STREET #510

Enter Florida street address

MIAMI FL

City

, Florida

33131 US

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 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.

Charles R. P. U

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAVE DONALDSON	191 Post Rd West Westport CT 06880	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TATIANA UKHOVA VAS	10801 STARKEY RD SUITE 104-277 SEMINOLE FL 33777	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 07/03/2012 ,

Charles R Davis

Signature of a member or authorized representative of a member

Richard Davis

Typed or printed name of signee