

L12000080076

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 10 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANDERSON DISTRIBUTING 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 DISTRIBUTING 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 at () **203 302 0477**
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

FILED

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ANDERSON DISTRIBUTING LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
 PALM BEACH, 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