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## **COVER LETTER**

TO:		ration Secti on of Corpo		•	•			
MCNEESE DISTRIBUTING, LLC SUBJECT:								
SUBIL	.cr:		Name of Limit	ed Liability Company				
The en	closed Ai	nticles of Ar	nendment and fee(s) are subm	nitted for filing.				
Please	return all	correspond	ence concerning this matter to	the following:				
			RICHARD S. MCNEESE					
				Name of Person				
			MCNEESE LAW FIRM					
				Firm/Company				
			36468 EMERALD COAST	PARKWAY, SUITE 1201				
				Address	<del></del>			
			DESTIN, FLORIDA 32541					
				City/State and Zip Code				
			rmcneese@mcneesetitle.com					
			E-mail address: (to	be used for future annual report no	otification)			
For fur	ther infor	mation con-	cerning this matter, please cal	l:				
RICHARD S. MCNEESE				850 974-4240				
		Name of P	erson		me Telephone Number			
Enclose	ed is a ch	eck for the	following amount:					
\$2:	5.00 Filin	g 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

MCNEESE DISTRIBUTING, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on MAY 14, 2013  Florida document number L13000070180				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	eviation "L.L.C."		
Enter new principal offices address, if applicable:	36468 EMERALD COAST PARKWAY	<del>o</del>		
Principal office address MUST BE A STREET ADDRESS)	SUITE 1201	33 V.SS		
	DESTIN, FL 32541	CRE ON		
		724 787 124 124 124 124 124 124 124 124 124 124		
Inter new mailing address, if applicable:	36468 EMERALD COAST PARKWAY	<b>₹</b>		
Mailing address MAY BE A POST OFFICE BOX)	SUITE 1201	S AI		
	DESTIN, FL 32541	990 E		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	ffice address on our records, <u>enter th</u> <u>e</u> :	e name of the		
New Registered Office Address:				
negatered Office Address.	Enter Florida street address			
	Cin	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.

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than effective date is listed, the	han the date of filist date must be specific a	ng:	date of filing or more th	optional)	) Pursuant to a	605 020
ote: If the date inserted in comment's effective date of	n this block does not	meet the applicab	le statutory filing req	uirements, this date	will not be l	isted as
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e record specifies a c The 90th day after t	lelayed effective he record is filed	date, but not a l.	an effective time	, at 12:01 a.m.	on the ea	rlier o
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Typed or printed name of signee

Filing Fee: \$25.00