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COVER LETTER

то:	Registration Se Division of Corp			
		PRO DISTRIBUTOR LLC		<u>.</u>
SUBJI	ECT:	Name of Limi	ted Liability Company	
The cr	aclosed Articles of .	Amendment and fee(s) are subm	nitted for filing.	#5 .
Please	return all correspo	ndence concerning this matter t	o the following:	4
		JOSEPH C. WASCH		7a ***
		WASCH RAINES LLP	Name of Person	· · · · · · · · · · · · · · · · · · ·
		2500 N. MILITARY TRAI	Firm/Company L. SUITE 100	
		BOCA RATON, FL 33431	Address	
		JWASCH@WASCHRAINE	Gity/State and Zip Code	
For fu	rther information co	E-mail address: (to oncerning this matter, please ca	o be used for future annual report noti	fication)
	PH C. WASCH, ES	-	561 693-3221	
	Name of	f Person	at () Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 issee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUTY PRO DISTRIBUTOR LLC

(Name of the Limited Li	ability Company as it now appears on our records. orida Limited Liability Company))
(API	orida Limited Liability Company)	e l
The Articles of Organization for this Limited Liabili	ty Company were filed on February 25, 2014	and assigned
Florida document number L14000032417	 -	
This amendment is submitted to amend the following	a.	
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 AI	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or r	· · · · · · · · · · · · · · · · · · ·	enter the name of the ne
registered agent and/or the new registered office a	address nere:	
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida street address	
	Flor	rida
N. D. C. LA M. C. L. C. L. C. D. C.	City	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered ag- provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	d complete performance of my duties, and d agent as provided for in Chapter 605. F tered office address, I hereby confirm that	l I am familiar with and .S. Or, if this document is
	If Changing Registered Agent, Signature of	New Registered Agent
	Page 1 of 3	

MGR = N AMBR = A	Manager Authorized Member		
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
OWNER	ADAM FURMAN	5455 N. FEDERAL HIGHWAY	Add
		SUITE 0	≅ Remove
		BOCA RATON, FL 33487	□ Change
AMBR	SAIBOT MEDIA INC.	5455 N. FEDERAL HIGHWAY	■ Add
		SUITE 0	□ Remove
		BOCA RATON, FL 33487	□ Change
			Remove
			Change
		_	
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
		_	Add

_□ Remove

☐ Change

D. If amending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
	
<u> </u>	
·	
	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3), neet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective d) The 90th day after the record is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of:
Dated MAY 10	2019
A CUL	hember of authorized representative of a member
JOSEPH C. WASCH, AUTHORIZED	REPRESENTATIVE
	Typed or printed name of signee
	Page 3 of 3

Riling Fee: \$25.00