

L14 000096776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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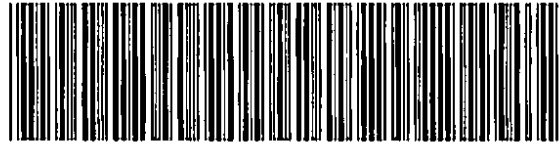
(Business Entity Name)

(Document Number)

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2021 JAN 14 AM 11:12

2/18/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Franchise Distributors International 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:

Barbara Crane
Name of Person

FDI
Firm/Company

399 NE 23rd St
Address

Boca Raton, FL 33431
City/State and Zip Code

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

For further information concerning this matter, please call:

Barbara Crane at (561) 866-6521
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Franchise Distributors International

(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 6/16/2014 and assigned Florida document number L14000096776

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Barbara J. Crane

New Registered Office Address:

399 NE 23rd St

Enter Florida street address

Boca Raton

City

Florida

33431

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.

Barbara J. Crane

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Barbara Olsthoorn	399 NE 23 rd St	<input type="checkbox"/> Add
		Boca Raton, FL	<input checked="" type="checkbox"/> Remove
		33431	<input type="checkbox"/> Change
MGR	Barbara J. Crane	399 NE 23 rd St	<input checked="" type="checkbox"/> Add
		Boca Raton, FL	<input type="checkbox"/> Remove
		33431	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2021 JAN 14 AM 11:12

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.

Dated 1/9/2021 .

Bark Co.
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Barbara J. Crane
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00