L14000175957

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ELED VEURI TARY OF LINNE ALLAHASSEE, FLORIDA

SEP 1 9 2013 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corpora			x
SUBJECT: LYNN	bar Distr	ibutors LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponder	ce concerning this matter	to the following:	
	Le	e Lefkowitz	
-		Name of Person	
_			
		Firm/Company	
-	1544	Cardinal Wa	<u> </u>
	We	eston FZ 3332	7
-		City/State and Zip Code	
_	E-mail address: (healthis@gmail.con to be used for future annual report noti	n P S
For further information conce			
		at (<u>957)</u> <u>298</u> Area Code Daytim	
Name of Pers	on	Area Code Daytim	e Telephone Number
Enclosed is a check for the following	lowing amount:		"L•.
\$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)
Registration	Corporations 27	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

• ARTICLES OF A	MENDMENT	
ТС)	
ARTICLES OF O	RGANIZATION	
OF	<u>۲</u>	
Lynnbar Distrib	nutors LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	
(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L14000135953</u> .	vere filed on <u>8/29/14</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	e 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 offi	ice address on our records, ent	er the name of the new
registered agent and/or the new registered office address here:		
Nome of New Registered Acent		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	0 <u>2</u>
	Florida	0b
	, Florida,	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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______ (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated	9/14,2016
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00