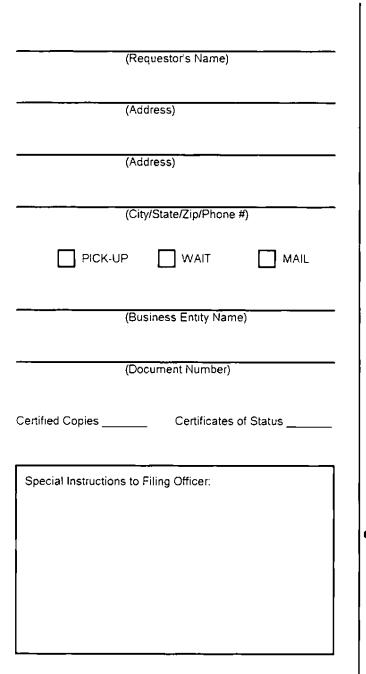
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Office Use Only





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SECKETARY OF STATE TALL AND ADVANCED FOR

COVER LETTER

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TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
	RIBUTORS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RONALD T. COOK		
		Name of Person	
	DTC DISTRIBUTORS, L	LC	
		Firm/Company	
	11901 METRO PARKWA	Υ	
		Address	
	FORT MYERS, FL 33966		
	GUS@LAWSWFL.COM	City/State and Zip Code	
	_	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
RONALD T. COOK		239 274-0077	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	41	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DTC DISTRIBUTORS, LLC (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 $\frac{10/1/2014}{1}$ and assigned Florida document number L14000153790 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: New Registered Office Address: Enter Florida street address

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.

City

, Florida _

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>	Address	Type of Action
MGR	CHAD M. COOK	11901 METRO PARKWAY, FORT MYERS, FL 339	96 _ ≣ Add
			_ □Remove
			_ □Change
-			_ □Add
			_ □Remove
			_ Change
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f an effec <u>Note:</u> T	we date, if other than the date of filing:	
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	er the
Dated _	May 10 , 2024.	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00