L16000170824

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TALLAHASSEE, FLORIDA

K. GALY
EXAMINER
SEP 16

ROIZ & JOHNSON

September 14, 2016

Via UPS Tracking No.: 1Z Y70 92V 24 9588 4801
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Please Reply to:
James M. Johnson
roizandjohnson@gmail.com

Re: Articles of Amendment to Articles of Organization of Roiz & Johnson, LLC
New Name of LLC: ROIZ & JOHNSON DISTRIBUTION, LLC

Dear sir/madam,

Enclosed herewith, please find the Articles of Amendment to Articles of Organization of Roiz & Johnson, LLC. The enclosed Amendment has been prepared solely for the purpose of renaming the limited liability company. The new name of the limited liability company shall be as follows:

ROIZ & JOHNSON DISTRIBUTION, LLC

In addition to the above-referenced enclosure, please find a check made payable to the Florida Department of State in the amount of $30.00. Said check is for payment of the filing fee and Certificate of Status

Upon updating the Florida records, please notify us by e-mail at roizandjohnson@gmail.com.

Should you have any questions regarding this matter or if anything further is needed to effectuate the name change, please feel free to contact me at the aforesaid e-mail or via telephone at (305) 778-7324. Thank you for your kind attention to this matter.

Sincerely,

JAMES M. JOHNSON

://jj
Enclosures as stated

COVER LETTER

TO:' Registration Section
Division of Corporations

SUBJECT: ROIZ & JOHNSON DISTRIBUTION, 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:

JAMES M. JOHNSON
Name of Person

N/A
Firm/Company

18201 SW 113TH AVENUE
Address

MIAMI, FLORIDA 33157
City/State and Zip Code

ROIZANDJOHNSON@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES M. JOHNSON at (305) 778-7324
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROIZ & JOHNSON, 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 September 13, 2016 and assigned Florida document number L16000170824.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ROIZ & JOHNSON DISTRIBUTION, LLC

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

_____, **Florida** _____
City *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:

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TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
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______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

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 SEPTEMBER 14, 2016

Signature of a member or authorized representative of a member

JAMES M. JOHNSON

Typed or printed name of signee

Filing Fee: $25.00