117000076979

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
i





600440544396

12/05/24--01013--011 **25.00

2000 (2000)

'JAN 1 6

S. PRATHER

COVER LETTER

. .

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT:	62 7	Foods ((C	
		ited Liability Company	
The anglaced Articles of	Amendment and fee(s) are sub	united for filing	
		<u>-</u>	
Please return all correspo	ndence concerning this matter	to the following:	
		Gifed lateration	
		GHSEL JELAMBI	
		/:	
		Fire Company	
		Firm Company	
	2893 FXE	ecutive Rek D	RIVE 204
	11105000	FZ 3333/ City/State and Zip Code	
		City/State and Zip Code	
		foe agalisterbitions co	on
	E-mail address: (to be used for future annual report noti	fication)
For further information ed	oncerning this matter, please c	all:	
	kal blanki	9511 (1974)	'VA
Name of	Person	at (<u>954)</u> <u>4774</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	S55.00 Filing Fee &	☐ \$60.00 Filing Fee.
_	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of Co		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

62°	tools ill	25
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our rec imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned []
Florida document number <u>L 170000 7 697</u> 9	7	
This amendment is submitted to amend the following:		77
A. If amending name, enter the new name of the limite	d liability company here:	
GG DISTRIBUTION	45 LC	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "I	.LC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records, <u>en</u>	ter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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 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
			□Add
			□Remove
			□Change
	<u></u>		□Add
			∐Remove
			□Change
			DAdd
			□Remove
			□Change
	.		
			□Remove
		.	□Add
			□Remove
			□Change
			=:Add
			□Remove
			Change

_	In The	addi	1055, 9	n extra	16/182	· was		_
	to the	word	"Execu	thre".	H she	ould be	coexeT	_
	COPDATE	ed to	"Exec	whire"	which	15 He	coexeT	•
	WORT:				•			
			-					_
_								_
_				• •	<u> </u>			_
_							<u> </u>	_
_		<u>.</u>						_
_						_		_
_					 _			_
								_
_								
_	-		···					-
_								_
_								_
				, ;	,			_
Note: 1		in this block d	loes not meet the	applicable stat	. Y filling or more the utory filling rec		nal) filing.) Pursuant to 60 date will not be li	
d is file	d.						The 90th day aft	er the
Dated _	11/27/	24		2. am.				
				(nkg)				
		Signa	iture of a member	or authorized rep	resentative of a	member	 -	

Filing Fee: \$25.00