LI7000 200511

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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OCT 27 2017

COVER LETTER

TO: Registration Se Division of Cor	ction porations		
SUBJECT: HATT	milton Hugh Name of Lim	Distribution, ited Liability Company	L.L.C.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	,
Please return all correspo	ndence concerning this matter	to the following:	
	Jer	Name of Person	Lon / Aus
	-Hamilton	V Hugh Distribus	tion, L.L.C.
	7100 L	Umenton Rd Address	+124
	LANGO,	71 3372/ City/State and Zip Code	
	E-mail address: (i	to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please co	all:	
Jennija	n Hamilton LA	9405 at (727) 5765 Area Code Daytime	-7797
Napre of	î Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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
Tallahagene, El. 32201 Tallahassee, FL 32301

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

Hamilton Hugh Distribution L.L.C.	
(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 $09-27-207$ and assigned Florida document number $4/7.0002.005-1/$	
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 "LLC."	-
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 registered agent and/or the new registered office address here:	new
Name of New Registered Agent:	_
New Registered Office Address: Enter Florida street address	_
City Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:	i

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

or removed fro	om our records;	· · · · · · · · · · · · · · · · · · ·	
MGR = Man AMBR = Auti	ager horized Member		
Title	Name	Address	Type of Action
<u>VP</u>	Floyd H. StewARt	3920 Noyes Cir. #3: Randalls town, MDi 2/133	
•		Kandalls Town, MD	Remove
		2/133	Change
			🗆 Add
			Remove
			Change
			Remove Change
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			Add
			Change
			D Add
			Remove
			Change
			_□ Remove
			_ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ote: If the	date inserted in this	he date of filing: // must be specific and cannot block does not meet the Department of State's re	applicable statutory f	or more than 90 days af filing requirements, t	etional) fer tiling.) Pursuant to 603 his date will not be list	5.020 ted as
record s The 90th	specifies a delay n day after the re	red effective date, becord is filed.	out not an effectiv	e time, at 12:01	. a.ˈm. on the earli	er c
nted	10/23/	17 1 Mani/to		· /C		
(Jenn.	Signature of a member	or authorized representa	tive of a member		
_	-Jenni	Typed	or printed name of signe	-MUS		

Page 3 of 3

Filing Fee: \$25.00