L17000228578

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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COVER LETTER

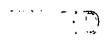
TO:

Registration Section 🔧

| Division of Cor | porations | | |
|--|--|---|--|
| | DISTRIBUTION LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | · |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Maybel Castellon | | |
| | | Name of Person | 10- |
| | BETTER DISTRIBUTION | N LLC | |
| | | Firm/Company | |
| | 8370 NW 167 TERRACE | | |
| | | Address | |
| | MIAMI LAKES, FLORID | OA 33016 | |
| | MAVREL 2005@AOL CO | City/State and Zip Code | |
| | MAYBEL2005@AOL.CO | to be used for future annual report no | tification) |
| For further information c | oncerning this matter, please c | all: | |
| MAYBEL CASTELLON | 1 | 305 3435235 | |
| Name o | f Person | at () Area Code Daytir | ne Telephone Number |
| Enclosed is a check for the | ne 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 Addres Registration S Division of C P.O. Box 632 | Section orporations | Street Address: Registration Se Division of Co The Centre of | rporations |
| Tallahassee, I | FL 32314 | | pe Street, Suite 810 |

Tallahassee, FL 32303

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



2020 JULI - 2 PM 5: 42

BETTER DISTRIBUTION 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 L | iability Company were filed on _ | 11/06/2017 | and assigned |
|---|---|--|--|
| Florida document number L17000228578 | · | | |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liability company | here: | |
| The new name must be distinguishable and contain the v | words "Limited Liability Company," the | e designation "LLC" or t | the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | cable: | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | · | |
| | | | |
| Enter new mailing address, if applicable: | *************************************** | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | ss here: | records, enter the | name of the new registered |
| Name of New Registered Agent: | MAYBEL CASTELLON | | |
| New Registered Office Address: | 8370 NW 167 TERRACE | | |
| | | lorida street address | |
| | MIAMI LAKES | , Florid | 23016 Zip Code |
| | | | Zip Code |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this | ed agent and agree to act in thi er and complete performance of stered agent as provided for in registered office address, I her | of my duties, and I Chapter 605, F.S. | am familiar with and Or, if this document is |

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:

MGR = Manager

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|---------------------------------------|-----------------------|----------------|
| MGR | MAYBEL CASTELLON | 8370 NW 167 TERRACE | = Adđ |
| | | MIAMI LAKES, FL 33016 | □Remove |
| | | | □Change |
| MGR | GLENN AVINAZ | 780 E 5th STREET | □Add |
| | | HIALEAH, FL 33010 | ■Remove |
| | | | □Change |
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| EGG. 4. | date, if other than th | he date of filin | g: 12/27/2019 | | (opti | onal) filing.) Pursuant to 605.020 |
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Filing Fee: \$25.00