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COVER LETTER

TO:	Registration Se Division of Cor			
en ir		RIBUTOR, LLC		
SUI	3JECT:	Name of Limi	ted Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plea	ise return all correspo	ndence concerning this matter	to the following:	
		David Glick		
			Name of Person	
		Investment Brokers Realty,	inc	
Firm/Company				
		1674 Meridian Ave Suite 3	20	
			Address	
		Miami Beach, Florida 3313	9	
			City/State and Zip Code	
		davidglick71@gmail.com		
		E-mail address: (I	to be used for future annual report notif	ication)
For	further information c	oncerning this matter, please ca	AH:	
Dav	rid Glick		786 340-2418	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enc	losed is a check for th	ne following amount:		
0	\$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**

SESH DISTRIBUTOR, LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records,) Company)
The Articles of Organization for this Limited Liability Company were f Florida document number 600306089746 しっぴんごろう	iled on November 30, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
SESH HOLDINGS, LLC	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	U Brail scale
Time your office dadress Most DE A STREET (MINERS)	
	co
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
<u></u>	r
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	idress on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cit	
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:

MGR = M $AMBR = A$	anager		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			□ Remove
			5
			•
			Change
			Remove
			Change
			□ Add · •
			□ Remove
			F.S. D Change
			□ Remove
			□ Change

		
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ffective date, if other than the date	of filing:	(optional)
tote: If the date inserted in this block do	ecific and cannot be prior to date of filing or more than best not meet the applicable statutory filing requir- ment of State's records.	ements, this date will not be listed a
e record specifies a delayed effe The 90th day after the record is	ctive date, but not an effective time, a s filed.	t 12:01 a.m. on the earlier (
December 05, 2017		
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	,	12 2 Sp.
Signa	ure of a member or authorized representative of a mer	mber 5
KARINE GLICK	WAN I	/
	Typed or printed name of signee	<u> </u>
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	Page 3 of 3	F.5.
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Filing Fee: \$25.00