# U160000 49512

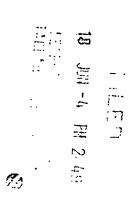
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## FLORIDA DEPARTMENT OF STATE

**Division of Corporations** 

May 23, 2018

KEVIN YOUNG

**KEVIA YOUNG** 

1026 W CENTRAL BLVD ORLANDO, FL 32805

SUBJECT: CENTRAL DISTRIBUTORS LLC

Ref. Number: L18000049512

We have received your document for CENTRAL DISTRIBUTORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

PAGE 3 IS MISSING.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III Need Kevin's name

Letter Number: 318A00010758

#### **COVER LETTER**

TO: Registration Se- Division of Corp			
SUBJECT: <u>Cev</u>		ited Liability Company	rs LLC
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u> Kevir</u>	Name of Person	<del></del>
		Firm/Company	
	1026	Wcentr	al Blod
	orland	City/State and Zip Code	2805
	Le-mail address: (	to be used for future annual report notif	etgroup. com
For further information co	oncerning this matter, please co	all:	
Joh- Name of	Person Pobcon	at ( <u>407</u> ) <u>496</u> Area Code Daytime	5 - 723 U 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
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number \_ L \ 80000 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

#### 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 = Manager

AMBR = Authorized Member Title Address Type of Action **Name** Giovann, Irone 3995, Norton Ave DAdd Orlando F132805 Kemove KEVIN YOUNG Fevin Young 1026 w contral Blod Add 0 C) and o F1 32805 - Remove DALLIN GROTEFEND \_\_\_\_ □ Change MGR Dallin Groteford 1026 W central Blud Dad Orlando, Fl 32805 Remove ☐ Change ☐ Remove □.Ghange □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

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effective date, if other than the date of filing:	be prior to date of filing of applicable statutory filecords.	ing requirements, this	iling.) Pursuant to 605.0 date will not be listed
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Signature of a member	or authorized representat	iveOsa member	

D.

Page 3 of 3

Filing Fee: \$25.00