## 118000125695

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





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## **COVER LETTER**

Divisi	ion of Corpo	rations		
SUBJECT:	MT DISTR	RIBUTORS LLC		
SUBJECT: _		Name of Limit	ed Liability Company	
The enclosed A	Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return a	ll corresponde	ence concerning this matter to	o the following:	
			Name of Person	
		MT DISTRIBUTORS LI	LC	
		•	Firm/Company	
		9636 BRIDGEBROOK DR		
			Address	
		BOCA RATON, FL 33496		
			City/State and Zip Code	
	-	delberg@octagontax.com	1	
			be used for future annual report not	intication)
For further info	ormation conc	erning this matter, please cal	l:	
ELI TAL			954 955-0510	
	Name of Pe	erson	at () Area Code Daytir	ne Telephone Number
Enclosed is a c	heck for the f	ollowing amount:		
■ \$25.00 Fili	ing Fec	□ \$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** 

TO:

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

MT DISTRIBUTORS LLC	•	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L18000125695	ompany were filed on 05/18/2018 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>6</b> × × × × × × × × × × × × × × × × × × ×
Principal office address MUST BE A STREET ADDR	ESS)	
		그 워크
Enter new mailing address, if applicable:		PH -
Mailing address MAY BE A POST OFFICE BOX)		2 And
The state of the s		
3. If amending the registered agent and/or regist egistered agent and/or the new registered office addr	_	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	نت م ا 13	do
	, Floric	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ILAN MIZRAHI	4840 NW 5 Ln, Boca Raton FL,	■ Add
		33431	Remove
			Change
			Add
			Remove
			Change
			Remove
		<del></del>	Change
			Add
			Remove
			Change
			Add
		<del>-</del>	□ Remove
			□ Change
			Add
		<del> </del>	☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
·	
<del></del>	
	<u> </u>
	왕년. 3년년:
··	
	^
E. Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the sound is filed.	of:
Dated 5 3 0 20 8	
Dated	
Signature of a member or authorized representative of a member	
Typed or printed game of signee	

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Filing Fee: \$25.00