



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AMERICA DISTRIBUTORS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	5
Estimated Charge	\$25.00

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7/2/2019 10:28:41 AM PAGE 1/001 Fax Server



July 2, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AMERICA DISTRIBUTORS LLC  
119 NANDINA TER  
WINTER SPRINGS, FL 32708

SUBJECT: AMERICA DISTRIBUTORS LLC  
REF: L19000000068

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Type of action is required for each member

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass  
Regulatory Specialist II  
Amount charged: 25.00

FAX Aud. #: H19000202846  
Letter Number: 119A00013364

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

AMERICA DISTRIBUTORS 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 Liability Company were filed on 12/28/2018 and assigned  
Florida document number L19000000068

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 "L.C."

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

City, Florida 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	America Distributors LLC	119 Nandina Ter	<input type="checkbox"/> Add
		Winter Springs, FL 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Worldwide Nominee LLC	11380 Prosperity Farms Rd. #221E	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 1, 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

**Ryan Sullivan, Attorney-In-Fact**

Typed or printed name of signee