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

Division of C	Corporations	
SUBJECT:	Detax Distributors LLC	
	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	JANA NEFF	
	Name of Person	
	Firm/Company	
	22298 Tupelo PL.	
	Address	
	Buca nAton FL 33428 City/State and Zip Code	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further informatio	on concerning this matter, please call:	
JANA	ne of Person at (561) 672.1631 Area Code Daytime Telephone Number	
Nan	ne of Person Area Code Daytime Telephone Number	
Enclosed is a check for	or the following amount:	
S25.00 Filing Fee	E □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

Detox Distribut	urs LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900016574</u>	v were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	三 五章
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "LLC"	or the abbrevision "L.J.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
		rida
	City	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

or removed fro	om our records:		Ĉ.	10	zove			
MGR = Man AMBR = Auth	ager norized Member	(11e						
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	Signature Signature	of a member or author	rized representative of	of a member		
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Page 3 of 3

Filing Fee: \$25.00