## Division of Corporations Electronic Filing Cover Sheet

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.

(((H220003830303)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:\_\_\_\_

From: Yanet Avila

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SNS DISTRIBUTORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

NOV 1 0 2022

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT

TO

## ARTICLES OF ORGANIZATION

**OF** 

VALUE TARY OF STATE

2022 NOV -9 AM 11: 27

SNS DISTRIBUTORS, LLC			· ·
( <u>Name of the Limited Liabil</u> (A Plond	lity Company as it now appears on or la Limited Ciability Company)	ir records.)	
The Articles of Organization for this Limited Liability (	Company were filed on 01/22/20	19	and assigned
Florida document number 1.19000023204			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
	•		•
he new name must be distinguishable and contain the words "Lin	muted Liability Company," the designa	ion "LLC" or d	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	·	<del>,</del>	
Mailing address MAY BE A POST OFFICE BOX)	)		
3. If amending the registered agent and/or reg		records, en	ter the name of the
egistered agent and/or the new registered office ad	aress nere:		
Name of New Registered Agent:	-		<del></del>
New Registered Office Address:			
	Enter Florida su	vet address	
		. Florid	3
. <del></del>	. 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 jurther 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 every treater a change in the registered affice address, I hereby confirm that the thattod habitay company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_ Change

Page: 4 of 5

H 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 Type of Action Address Title: Name : AMBR CESAR E. REVERON REYES 4400 NW 79 AVENUE # 305 🖬 Add MIAMI FLORIDA 33166 □ Remove \_□ Change ☐ Change □ Remove ☐ Change □ Remove \_ Change \_□ Add ☐ Remove ☐ Change ☐ Remove

Page: 5 of 5

•		
. —		<del></del>
•		
_	,	
		<del></del>
<del>.</del>		
-		
		~~ "
-		2022 NOV
_	·	<b>z</b>
	·	) <b>V</b>
		<del>- 5</del>
		=
_		AM 11:12
		<b>-</b>
٠		<del></del>
414, 000 0011	ive date, if other than the date of filing:  (optional)  ective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) P	forstraint to 605,020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date without self-ective date on the Department of State's records.	H not be listed at
If the ro-	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	n the earlier o
(b) The	90th day after the record is filed.	
, ,		
Dand	NOVEMBER 8 2022	
. Dated	113	
•	huld de la companya della companya della companya de la companya della companya d	
•	1/4/1005 X / / 1-1	
•	Signature of a thember or authorized representative of a member	<del></del>
•	Signature of a ruember or authorized representative of a member ANTHONY F. DOS SANTOS DA SILVA	<del></del>

Page 3 of 3

Filing Fee: \$25.00