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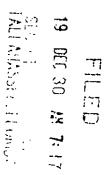
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JAN 2 9 2020 S. YOUNG

COVER LETTER

Division of Cor			
SUBJECT:	AD Distr	ited Liability Company	
	Amendment and fee(s) are sub	, and the second	
raease return an correspo	ndence concerning this matter	to the following:	
	Ner	Aali Osaz Name of Person	
	7 OA	Distributors, LLC Firm/Company	-
	<u> 74344 Su</u>	2 109th CNE	
	Homesta	City/State and Zip Code On 1 Q q no.) to be used for future animal report noti	
	Nectal. E-mail address: (Day 10 and report notion to be used for future annual report notion	(CIY) fication)
For further information c	oncerning this matter, please ca	atl:	
Nertali Name o	DACG7 f Person	at (786) 399. Area Code Daytime	- KA 6 A e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

17 Diotal	outors LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 19000058385</u>		8/3019	and assigned
riorida document number <u>CI 1000098383</u>	<u>-</u> .		
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 "Limit	als, LLC ted Liability Company," the designation	m "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	t address	
		Florida	
	City	Z	ip 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 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
			🗀 Add
			□Remove
			□Change
			□Add
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m effe <u>ote:</u>	re date, if other than the date of filing:
сит	nt's effective date on the Department of State's records.
ecoro is file	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 d.
ited_	December 26, 2019.
	\mathcal{A}
	Signature of a member of authorized representative of a member