L19000061317

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> 2019 APR 22 PM 2: 16 SEGRETARY SEE: FL

WC W23/9

COVER LETTER

	egistration Sec ivision of Corp			
enn mzei		ashington South LLC		
SUBJECT	·	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subraidence concerning this matter t		
		Barrington Joiles		
		BRJ Distribution LLC	Name of Person	····
		455 Wymore Road, Apartn	Firm/Company nent 102	
		Altamonte Springs, FL 327	Address	
		Ruel60@gmail.com	City/State and Zip Code	. <u>. </u>
For furthe	r information c	E-mail address: (to oncerning this matter, please or	to be used for future annual report no all:	tification)
Barringto			at () 279-8585 Area Code Dayti	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.00	9 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)

MAHLING ADDRESS: 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 APR 22 PM 2:16 SECTION APR 22 PM 2:16 MIT RECORDS EE PATE

Courtney Washington South LLC

(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L19000061317</u> .	were filed on March 04, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
BRJ Distribution LLC	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	455 Wymore Road, Apartment 102
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	Altamonte Springs, Fl. 32714
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	455 Wymore Road, Apartment 102 Altamonte Springs, FL 32714
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Cuv 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 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
			☐ Remove
			☐ Change
			Add
			□ Remove
	•		Change
			Remove
			Change
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Effective date, if other th	an the date of fil	ing:		(optional)	
f an effective date is listed, the Note: If the date inserted i	date must be specific to this block does no	and cannot be prior of meet the applic	to date of filing or able statutory fil	more than 90 days ing requirements	after filing.) Pursua , this date will no	unt to 605.02 of be listed :
document's effective date (n the Department o	of State's records				
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e record specifies a c The 90th day after t	elayed effective he record is file	e date, but no :d.	ot an effective	e time, at 12:	Ul a.m. on the	e earlier
The Source of						
Dated April 21		2019				
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		C	orized representat	No of a mampar	<u>*</u>	