L19000168007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

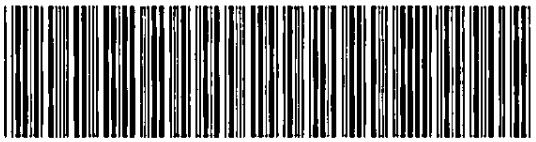
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500331908725

FILED

2019 JUL 22 P 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern.

I have filed for a Florida LLC and have received my Articles of Organization papers for ELK DISTRIBUTION. I have found an error with the Manger and Authorized Member in Article III. It seems my computer auto filled my wife's name as the manager and my son's name as the authorized member. Garrett is a minor. I am the single LLC Edward L Kinslow. I will be the AMBR.

Thank you

Edward L Kinslow

Phone# 386-506-9367

elkdist@gmail.com

981 Aston Lane
Port Orange FL
32127

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELK Distribution LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward L. Kinslow
Name of Person

Firm/Company

981 Aston Ln
Address

Port Orange FL 32127
City/State and Zip Code

elkdist@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward L. Kinslow at (386) 506-9367
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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
OF

FILED

ELK DISTRIBUTION LLC

(Name of the Limited Liability Company as it now appears on current record.) P 5:

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L19000168007.

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.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

_____, **Florida** _____
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

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

Title	Name	Address	Type of Action
MGR	Elizabeth Pacilli	981 Aston Ln. Port Orange FL 32127	☐ Add
			☒ Remove
			☐ Change
AMBR	Garrett Kinslow	981 Aston Ln. Port Orange FL 32127	☐ Add
			☒ Remove
			☐ Change
AMBR	Edward L. Kinslow	981 Aston Ln. Port Orange FL 32127	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7/18, 2019.

Signature of a member or authorized representative of a member

Edward L Kinslow

Typed or printed name of signee

Filing Fee: $25.00