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(Re	questor's Name)	
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## **COVER LETTER**

Division of Corporations	
UBJECT: LAMP STAND DISTRIBUTION, LLC	
Name of Limited Liability Company	
the enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Michael Olivieri Name of Person	
Firm/Company	
5616 615+ S+ E	
Address	
Braderton FL 34203 City/State and Zip Code Mike. Olivierie gmail.un	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Michael Olivien at (941) 914-3856  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
inclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
e Articles of Organization for this Limited Liability Company were filed on $\frac{504.5,2019}{1000}$ and assigned orida document number $\frac{1900}{1000}$ .
is amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:  CITY ON A HILL DISTRIBUTION, LLC enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
rincipal office address MUST BE A STREET ADDRESS)
ter new mailing address, if applicable:    ailing address MAY BE A POST OFFICE BOX)
If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Olivieri	5616 615+ SIEB.	₩ Add
		5616 615+ St E.B. Bridenton, FL	Remove
		J4263	Change
			□ Add
		<u> </u>	Remove
			Change
			□ Remove
			☐ Change
	<u></u>		□ Add
			Remove
			C'hange
			Remove
			Change
			Add
			☐ Remove
			☐ Change

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Filing Fee: \$25.00