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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	TBT DISTRI	BUTION LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lu	IC FORTIN	
		Name of Person	
	TBJ	DISTRIBUTION	LLC
		Firm/Company	28 S
	2336	SE OCEAN BU	VD-UMIT 為一
		Address	29
	CTUART	- E1 211991.	VD-UNT 29 PH 1: 15
	3101121	FL 34996 City/State and Zip Code	
			1/1
	E-mail address: (59 @ GMAIL. COI	ation)
For further information c	oncerning this matter, please c	all:	
LUC	FORTIN	7772, 284.	7068
	f Person	at (772) 284 · Daytime	Telephone Number
Enclosed is a check for the	he 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 Sect	ion
Division of C		Division of Corpo	
P.O. Box 632	.7	The Centre of Ta	llahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TRIBUTION LLC
(Name of the Limited Liability (A Florida I	(Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000 258 7 3 L</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	28 [
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	70.5. TO
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter the name of the new registered
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOE BARRINGTON	742 GRAY RD.	DVAdd
		EATON, GA 31024	□Remove
			DChange
			□Add
			□Remove
		The second secon	Change SEP 26 Add
			Add Remove
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ective date, if other effective date is listed, e: If the date inserte	d in this block does	not meet the a	applicable statu	filing or more than story filing require	(optional) Odays after filing the control of the co) 2) Pursuant to 605.02 2 will not be listed
ument's effective dat	e on the Department	t of State's re	cords,			
cord specifies a delay	ved effective date. bu	it not an effec	tive time at 12	t:01 am on the es	urlier of <i>t</i> b) = 11	he 90th day after th
filed.	ed circuit dute, ou	ic more than conce	tive time, at 12	u.m. (m the et		ine source and
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