L200055/90

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| ☐ SICK-NS | WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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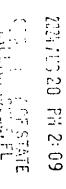
Office Use Only



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COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|---|---|--|
| SUBJECT: | 247 Distrit | x0/0/L/C | |
| SOBJEÇT. | | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Paul Paul 1 Fallow 3569 Orlando, FI | Name of Person Firm/Company Address City/State and Zip Code Lo 2411 mg 6 6 7 to be used for future applied teport notice | EB/vd/ it # A863 |
| | E-mail address: (| to be used for future annual report noti | ification) |
| For further information | n concerning this matter, please c | all: | |
| Paul Male | do naclo | at (407) 447 | |
| Name | e of Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for | r the following amount: | , | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | ress: | Street Address: | 2024 FUG STOCKE TALLA |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited I | Liability Company as it now appears on our records.) Florida Limited Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liabi Florida document number <u>L. 2.0000055</u> | ility Company were filed on 247 Distributor LLC and assigned |
| This amendment is submitted to amend the following | ing: |
| A. If amending name, enter the new name of th | e limited liability company here: |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." |
| Enter new principal offices address, if applicable | e: |
| (Principal office address MUST BE A STREET A | ADDRESS) |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> |
| | |
| B. If amending the registered agent and/or regi agent and/or the new registered office address h | stered office address on our records, <u>enter the name of the new registered</u> nere: |
| Name of New Registered Agent: | 7, |
| New Registered Office Address: | 407 Plaza Vilve Unit #147 |
| - | 107 Plaza Drive Unit #147 Enter Florida street address Eustis , Florida 32726 City Zip Code |
| New Registered Agent's Signature, if changing Reg | istered Agent: |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper of | igent and agree to act in this capacity. I further agree to camply with the 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> | Name | Address | Type of Action |
|--------------|--------------------------|--------------------------------------|----------------|
| Partner | 247 Merchandising Breeze | LLC | 🗆 Add |
| | , , | PO BOX 1454 Sebana Sepa, OC 00952 | ERemove |
| | | Jesana Sesa, OC 00932 | □Change |
| | | | □Add |
| | | | □Remove |
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