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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT: LOAC OFFECT Whosale Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Dexter L. B	Name of Person
	Firm/Company
1117 LaSalle	S + Address
Clearwater, F	L 33755 ity/State and Zip Code
Drutledge 1961. E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call:	
Dexter Rutledge Name of Person	at (813_) 531 - 3019
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LOAC Direct Whosale (Name of the Limited Liability Com	pany as it now appears on our records.)
(A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar. Florida document number \(\bigcup_{\text{QODDD9369}} \).	by were filed on $0.3/30/2000$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Loac Direct Wholesale	LLC
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	FOR A
	Section 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7: (7: (
	-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Degistered Agent's Signature if changing Degistered Agen	f •

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

CITOT D.R.	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
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		 	□Remove
			□Change
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Tective date, if other an effective date is listented one: If the date insective of the date insective of the date insective of the date in the date i	ed, the date must be spe rted in this block do	es not meet the	eprior to date of applicable state			ing.) Pursuan	
ecord specifies a de is filed.	layed effective date,	but not an effe	ctive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th da	ay after the
ated April !	5+	20	20				
	Signat	ure of a member	or authorized repr	resentative of a me	ember		

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