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9/24/20

NAME: 36 DISTRIBUTORS LLC

TYPE OF FILING: AMENDMENT

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COVER LETTER

TO:	Registration Sec Division of Corp		ı						
CHD IF	CT.	36	Distrib	منطمدد	44	c			
SUBJE	C1:		Distril	of Limited	iability Comp	any			
The end	closed Articles of A	mendme	ent and fec(s) a	ire submitte	ed for filing.				
Please i	eturn all correspon	dence co	ncerning this	matter to th	e following:				
			Ryan	J H	4 LLERA Name of Per	son			
			36	Distr	hutors Firm/Compa		<u>-c</u>	 .	
			1305	SE	Sa/e/	10	Pd		
			Stuart	<i>F</i>	ー し tv/State and Zi	3 4 9	97		
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			E-mail ad	dress: (to be	used for future	annual r	eport notific	cation)	
For furt	her information co	ncerning	this matter, pl	ease call:					
	Ryan Ho	uller Person	an		at (72 Area Co		263- Daytime	€ ∫ ι Tel e pho	ne Number
Enclose	d is a check for the	followi	ng amount:						
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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 OF

297451 21 PH 12: 18

36 Distributors	LLC
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 43000 0268375.	were filed on AUGUST 28/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	<u>ity company here:</u>
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a	ddress 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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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> Address Type of Action **Name** AMBR Ryan Halleran 1305 SE Salerno Rd DAdd Stuart FL 34997 | Remove _____ Dehange □Remove _____ Change ____ □Add _ _ _ _ _ _ _ Remove ____ □Change ______ □Add □Remove _____ Change ______ □Remove

Change

2 .	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u> </u>	
	
Effective date, if of	ther than the date of filing: (optional) ted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note: If the date ins	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
document's effective	date on the Department of State's records.
e record specifies a d	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
• 	Signature of a member or authorized representative of a member
	Λ

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