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A. BUTLER DEC 2 2 2021

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	tributors LLC					
SUBJECT:Name of Limited 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:				
	Giovanni Castellanos					
		Name of Person				
		Firm/Company				
330 Morningside Drive						
	_					
Miami FL 33166						
	ai	City/State and Zip Code	THE THE TABLE THE			
	giovacaste2@gmail.com E-mail address: (to be used for future annual report not	ification)			
For further information c	concerning this matter, please ca	·				
Giovanni Castellanos		954 8546758				
Name of Person		at ()	ne Telephone Number			
Enclosed is a check for t	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 Address		Street Address: Registration Se	ection			
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



221 DEC 13 PM 1-02

and the second s		
Neotee Distributors LLC		· · · · · · · · · · · · · · · · · · ·
(<u>Name of the Limited</u> (A	Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab		and assigned
Florida document number L20000377776		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
	-19	
B. If amending the registered agent and/or rep agent and/or the new registered office address	·	ds, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	weet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the proper	and complete performance of my	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the titic, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
		☐ Change	
		□Add	
			□Remove
		□Change	
		DAdd	
		□Remove	
		Change	
		□Add	
		□Remove	
			□Change
		□Remove	
			Change
			□Add
		□Remove	
			CI.c

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ART 111 ARTICLES OF ORGANIZATION: OTHER PROVISIONS: ANY LAWFUL ACTIVITY PERMITTED AND ESPECIALLY CONSULTING OF INTERNATIONAL COMMODITIES E. Effective date, if other than the date of filing: (optional) (If an effective date, it other than the date of thing. (Optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. 30 Noviembre 2021 AMBR Signature of a member or authorized representative of a member Giovanni Castellanos

Typed or printed name of signee