

h210000029524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

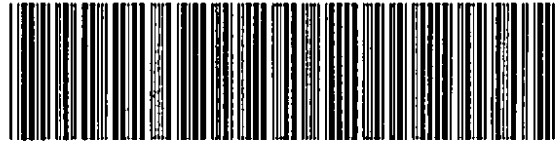
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100393133731

09/29/22 -- 01021 -- 005 \*\*25.00

FILED  
2022 AUG 29 AM 6:46  
TOLSON DEPT

A. BUTLER  
DEC - 3 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AGM DISTRIBUTION LLC

Name of Limited Liability Company

**The enclosed Articles of Amendment and fee(s) are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

**GREG MADDEN**

Name of Person

AGM DISTRIBUTION LLC

Firm/Company

2255 SE VETERANS MEMORIAL PARKWAY #7392

Address

PORT SAINT LUCIE, FL 34985

City/State and Zip Code

MADDENDISTRIBUTIONLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG MADDEN

at (772) 626 3441

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

**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**

AGM DISTRIBUTION LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2022 AUG 29 AM 6:46

The Articles of Organization for this Limited Liability Company were filed on JANUARY 13, 2021 and assigned

Florida document number L21000029524

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MADDEN DISTRIBUTION LLC

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

GREG MADDEN

New Registered Office Address:

2255 SE VETERANS MEMORIAL PARKWAY #7392

*Enter Florida street address*

PORT SAINT LUCIE

Florida 34985

*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**

[illegible]

