## h21 000038580

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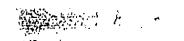


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A. BUTLER MAY - 4 2022



## COVER LETTER



TO: Registration Section Division of Corporations

JUSTICE B	ENNETT DISTRIBUTORS L	LC *		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Pleáse return all correspo	ndence concerning this matter	to the following:		
	RICARDO SEPTON BEN	NETT		
		Name of Person		<del></del>
·		Firm/Company		· · · · · · · · · · · · · · · · · · ·
	3963 NW 19TH STREET			
		Address		
	LAUDERDALE LAKES.			
		City/State and Zip Code		
	E-mail address: (	to be used for future annual repo	ort notification)	<del></del>
For further information c	oncerning this matter, please ca	all:		
RICARDO SEPTON BENNETT		754 304-6.		
Name o	f Person	at () Area Code	Daytime Telephor	ne Number
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



of FILED

JUSTICE BENNETT DISTRIBUTORS LLC

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

(A Florida Limited Liability Company)

SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 01/19/2021 TALLAHASSEE malassigned Florida document number  $\frac{L21000038580}{L}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: New Registered Office Address: Enter Florida street address

## 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.

. Florida

If amending Authorized records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR ANDRE FRANCIS	ANDRE FRANCIS	3963 NW 19TH STREET	□Adđ
		LAUDERDALE LAKES, FL 33311	■Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
		□Remove	
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	<del></del>	Change	
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		□Remove	
			□ Change

Filing Fee: \$25.00

Typed or printed name of signee