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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

eun iezer.	LA FRENCH DISTRIBUT	TION LLC			
SUBJECT:	Name of Lin	Name of Limited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	GEORGES (D. KANDE			
		Name of Person			
	LA FR	ENCH DISTRIBUTION LLC			
		Firm/Company			
	2293 NW 82NE	AVE			
Address			¥. 34.	202	
DORAL, FL 33122			12 A	2023 JAN -3	
City/State and Zip Code				1	
		road-international.com	_		ω
	E-mail address:	to be used for future annual report not	ilication)	<u>-</u>	PH 3r
For further information	on concerning this matter, please c	all:		Tea a de mar	<u>က</u>
GEORGES	O. KANDE	at (305) 439-9664) <u>}</u>	ഗ
Nan	ne of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	or the following amount:				
□ \$25.00 Filing Fee	★\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fit Certificat Certified (additional	e of State Copy	
Mailing Add		Street Address: Registration Se	ection		
Registration Section Division of Corporations		Division of Co			
P.O. Box 6		The Centre of	•		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA FRENCH DISTRIBUTION LLC		
(Name of the Limited Liability Compa- (A Florida Limited I	ny as it now appears on our records.) lability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 01/21/2021	and assigned
lorida document numberL21000040900		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2020 1AL
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		Σ΄, ω .
nter new mailing address, if applicable:		P
Auiling address MAY BE A POST OFFICE BOX)		. a
runing numers mat be at lost of the boar	 	- 5, 5 ,
. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		name of the new regist
	Enter Florida street address	
	Florid	la
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LAURENCE LORIENT	1919 SE 10TH AVE # 1136	⊠Add
		FORTH LAUDERDALE, FL 33316	□Remove
			□Change
MGR	GEORGES O. KANDE	2293 NW 82ND AVE	□Add
		DORAL, FL 33122	X Remove
			□Change
			A Remove
	· 		3 Penange 3 Sylvange Shange Shange Shange Shange
			□Remove
		<u> </u>	□Change
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njeffecti <u>ite:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this is effective date on the Department of State's records.		
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Filing Fee: \$25.00