

L21000102269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

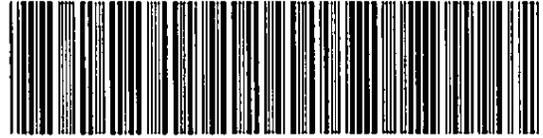
(Business Entity Name)

(Document Number)

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SECTION OF CONFIRMATION
21 MAR 22 AM 8:46

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Distrib-ecom LLC

21 MAR 22 AM 8:46

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

The Articles of Organization for this Limited Liability Company were filed on March 2, 2021 and assigned Florida document number L21000102269.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

206 Creekwood Run

(Principal office address MUST BE A STREET ADDRESS)

Lakeland, Florida 33809

Enter new mailing address, if applicable:

206 Creekwood Run

(Mailing address MAY BE A POST OFFICE BOX)

Lakeland, Florida 33809

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:

206 Creekwood Run

Enter Florida street address

Lakeland

Florida

33809

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

STATE OF CALIFORNIA
DIVISION OF CORPORATIONS

21 MAR 22 AM 8:46

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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