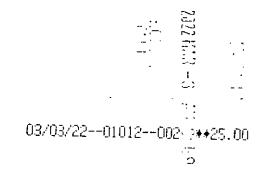
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(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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2022 MAR -3 AM II: I

COVER LETTER

Maxx Distr	o Services, LLC		
SUBJECT:	Name of Lim	nted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	united for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ronald P. Russo, Jr.		
		Name of Person	
		Firm Company	
	17948 US Hwy 19 N		
	Clearwater, FL 33764	Address	
	Clearwater, FE 35704	City State and Zip Code	
	ron(a)ohmlife.com	·	<u> </u>
For further information o	E-mail address: (oncerning this matter, please c	to be used for future annual report notif all:	Ecation)
Ronald P. Russo, Jr.		813 703-1696 at ()	
Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	L. \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	El \$60.00 Filing hee, 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

Maxx Distro Services, LLC (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 $\frac{05/04}{2021}$ __ and assigned Florida document number _____L21000208364 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OHM Life Distribution, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation QLL. 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 , Florida __ Cm

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:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	·· ·		LJAdd
			□Remove
			Change
			∐Add
			Cenange
			
			□Remove
			ÊChange
			LIAdd
			Remove
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ective date, if other that i effective date is listed, the d te: If the date inserted in cument's effective date or	this block does not n	neet the applicable	ne of filing or more than statutory filing requi	(optional) 190 days after filing, frements, this date) Pursuant to 605.020 will not be listed :
cord specifies a delayed e s filed.	effective date, but not	an effective time,	at 12;01 a,m on the	earlier of (b). Th	e 90th day after th
ed		2022			
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Filing Fee: \$25.00