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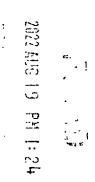
(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Se Division of Cor			
cunica		ROUTE SALES EC LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		ED CARLS		
			Name of Person	
		EJC DISTRIBUTION LLC	C	
			Firm/Company	· -
		4509 4TH AVE NE		
			Address	
		BRADENTON, FL 34208		
		<u> </u>	City/State and Zip Code	
		EDNHEATHERCARLS@A	AOL.COM to be used for future annual re	eport notification)
For furthe	r information c	concerning this matter, please co		
TARAH	VAN FOSSEN	, EA	941 708 at ()	-5300 X 108
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed	is a check for th	he following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Mailing Addres		Street Ad Registra	dress: tion Section
	Division of C			of Corporations
	P.O. Boy 633			tre of Tallahassec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISSION ROUTE SALES EC LLC		10
(Name of the Limited (7	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	- 13 - 2 - 3
The Articles of Organization for this Limited Lia	bility Company were filed on 06/10/2021	and assigned
Florida document number L21000271375	·	平 :
This amendment is submitted to amend the follow	wing:	PH 1: 21
A. If amending name, enter the new name of t	the limited liability company here:	*
EJC DISTRIBUTION, LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	(OX)	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the</u>	e name of the new registered
agent and/or the new registered office address	niere.	
Name of New Registered Agent:		
Name of New Negistered Agent.		
New Registered Office Address:	Enter Florida street address	
	isner i toradi sirvet (aavess	
	Flori	da Zip Code
	v.ii)	гар с олас

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 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>	<u>Address</u>	Type of Action
			□Remove
			□Change
			——□Add —————————————————————————————————
			□Remove
			□ Change
			□ Change to
			□Remove
			□Change
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		U6/12/2U2.	2		
Fice attendance ic.	ther than the date	of filing:		(optional)	405.0306
Effective date, if o	sied, the date must be sp serted in this block do	eeme and cannot be prior ses not meet the applic	r to date of filing or more the cable statutory filing rec	nan 90 days after filing.) Purso Juirements, this date will r	ant to 605.0207
(If an effective date is I		ment of State's records		,	•
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