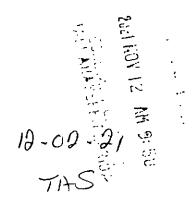
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
MTB DIST	TRIBUTORS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The analoged Assistance	A mondament and foots) are such	amintal for films	
	Amendment and fee(s) are sub ondence concerning this matter	_	
	Tracy Trahopoulos		
		Name of Person	
		Firm/Company	
	7301 NW 36th Ave.		
		Address	
	Miani, FL 33147		
		City/State and Zip Code	<del> </del>
	tracy@lemoulnbakery.com		
For further information of	r-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ification)
Tracy Trahopoulos		305 606-4482	
Name o	of Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	action
Registration Division of (		Registration Se Division of Co	
P.O. Box 632	27	The Centre of T	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTB DISTRIBUTORS LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records ited Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/27/2021	and assigned
Florida document number L21000468065		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
RTB DISTRIBUTION LLC		
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 ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	fice address on our records, enter	the name of the new registered
Number of New Parintered Assets		<u> </u>
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	<del> </del>
	Flo	rida
	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>	Name	Address	Type of Action
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			Change
			□Remove
			□ Change
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n effective date is listed, the date must be specific and cannot be prior to date of filite:  If the date inserted in this block does not meet the applicable statuto.	ing or more than 90 days after filing.) Pursuant t	
cument's effective date on the Department of State's records.	ny rining requirements, this date with hot of	c Hsteu
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the e	arlier
ted November 5th 2021		
	<b>k</b>	
TACULA DE DESTO	M	