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	(Requestor's Name)	
	(Address)	
	(Address)	
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT:) 4 S Tool clis	tribution LLC	·
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	<u> </u>	ason Hall Name of Person	
		Firm/Company	
	881 Scenic	- View cir	
		FL 34715 City/State and Zip Code	
	jstals 2 E-mail address: (1	2022 Q yahoo. cor	cation)
For further information co	oncerning this matter, please ca	all:	
Jason	Hall	at (<u>229</u>) <u>SOGE</u> Area Code Daytime	3019
Name of	rerson	Area Code Daydine	rereptione (value)
Enclosed is a check for th	e following amount:		
25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 007 13 77:H: 15

The Articles of Organization for this Limited Liability Compar	~· ·		
Florida document number	ny were filed on	09/28/2022	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
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 offic agent and/or the new registered office address here:	ce address on our re	cords, <u>enter the na</u>	me of the new regi
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida sıreet address	
_ 		, Florida _	Zin Coda
New Registered Agent's Signature, if changing Registered Age	•		zip Coae

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 Type of Action <u>Address</u> Title Name MGR Stephanie Hall ESI Secnic View cir DAdd Minacola FL 34715 DRemove hange _____ □Remove _____ Change ____ □Remove _____ □Change _____ □Remove ☐ Change _____ □Add □Remove

□Change

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lf an ef <u>Note:</u>	tive date, if other than the date of filing: 13 oct 252 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	13 oct 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00