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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

	, egistration Se ivision of Cor		•	
oran ar cor		Distributors		
SUBJECT	i	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Edward J. Gudeman		
			Name of Person	
		Gudeman & Associates, P.	C.	
			Firm/Company	
		1026 W Eleven Mile Road		
			Address	· ·
		Royal Oak, MI 48067		
			City/State and Zip Code	
		a.alverson@gudemanlaw.co	om to be used for future annual report not	77°
For further	information c	oncerning this matter, please e		incation)
Edward J.	Gudeman		248 546-2800	
	Name o	f Person	at () Area Code Daytin	e Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>S</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R	ailing Addres	Section	Street Address: Registration Se	
D	ivision of C	orporations	Division of Co.	rporations

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 DED HT PH 5: 20

Gulf Coast Distributors, LLC				
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on the Company)	n our records.)		
The Articles of Organization for this Limited Liability Com Florida document number 1.22000521055.	pany were filed on 12/12	2/2022 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	i liability company here	:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our rec	ords, enter the name of the new register		
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	. Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered A	gent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of m t as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is		

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>	<u>Name</u>	Address	Type of Action
AMBR	Champion E-Com, LLP	609 Main Street, Suite 2500A, Houston, Texas 77002	🗆 Add
			_ <b>≡</b> Remove
			□Change
AMBR	Champion E-Com, LLC	609 Main Street, Suite 2500A, Houston, Texas 77002	: <b>≣</b> Add
			□Remove
			[]Change
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ctive date, if other than the effective date is listed, the date in e: If the date inserted in this ument's effective date on the	oust be specific a block does not	nd cannot be prior meet the applic	able statutory ti	more than 90 day	(optional) s after filing.) Purs ts, this date will	uant to 605.020 not be listed a
ord specifies a delayed effect filed.	ive date, but n	ot an effective t	ime, at 12:01 a.n	n. on the earlier	of: (b) The 90t	h day after the
December 5 ed		2023	2.			
		b.				
			orized representat			

Filing Fee: \$25.00