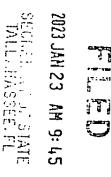
L22000533516

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

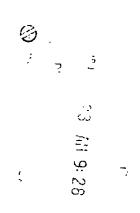
Office Use Only

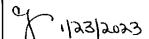


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01/23/23--01001--014 **25.00





COVER LETTER

Division of Corporations				
SUBJECT: Anglicar East Coast Distributors LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Sandra Vertia				
American East Coast Distributors				
9130 SW 27 Th ST				
City/State and Zip Code AMERICAN EAST COAST DISTRIBUTORS @ 9 Mail. (aM) E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
SANdra VEITIA at (954) (170-0700) Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
S25.00 Filing Fee S00.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

<u>Mailing Address:</u>
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

FILED

2023 JAH 23 AM 9: 45 Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 12.21.2027 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number LZZ 000 533516 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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 _ New Registered Agent's Signature, if changing Registered Agent: Thereby 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 a, cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mercly 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

Title	<u>Name</u>	Address	Type of Action
MGR	Sandra Veitia	9130 Sw 27th Street	⊠Add
		MIAMI FL 33165	□Remove
			Change
MGR	CODOLFO VEITIA	9130 Sw 27th Street	□Add
		MIAMI FL3316S	□Renюve
			E Change
			□Add
			□Change
			□Add
			□Remove
			Change
			⊡ Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

). If amending any oth	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	
 	
	
(If an effective date is liste Note: If the date inse	ther than the date of filing:
the record specifies a decord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
	Signature of a member or authorized representative of a member
	Rodo Fo VEITIA Typed or printed name of signee

Filing Fee: \$25.00