.To: 18506176383 From: 12147128131 Date: 05/30/23 Time: 11:59 PM Page: 01/04

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000196957 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MAIBAK420 DISTRIBUTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX

.To: 18506176383 From: 12147128131 Date: 05/30/23 Time: 11:59 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MAIBAK420 DISTRIBUTION LLC		
(A Florida Lin	Company as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 01/11/2023 and a	ssigned
Florida document number 1.23000025057		<u>.</u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Hability company here:	
MaiBak 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> </u>	
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered off	fice address on our records, enter the name of the n	ew registe
gent and/or the new registered office address here:	•• ••	
Name of New Registered Agent:		<u> </u>
New Periotes I Office Address	 	
New Registered Office Address:	Enter Florida street address	,
		· r
	, Florida	-
	, , , , , , , , , , , , , , , , , , , 	•
New Registered Agent's Signature, if changing Registered Ag	gent:	

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MCK =	Manager	
$\mathbf{AMBR} =$	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			Change
			□Remove
			☐ Change
		 	🖸 Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Remove
			🗀 Change
			□Remove
			□Change (((H23000196957 3)))

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<u></u>				
Effective date, if other than the defen effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot be prior to c ck does not meet the applicabl	date of filing or more than 90 days a	ptional) after filing) Puisuant to 605 this date will not be liste	0207 (ed as t
	date, but not an effective time	, at 12,01 a.m. on the earlier of	f: (b) The 90th day after	r the
d is filed. May 3rd	2023			
record specifies a delayed effective d is filed. May 3rd ASS		-•	•	
d is filed. May 3rd ADS		zed representative of a member	,	

Filing Fee: \$25.00

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