1230008097+

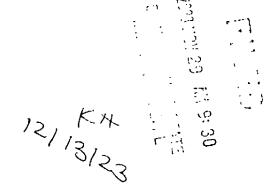
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000419503200

11/29/23--01017--002 *+25.00



COVER LETTER

TO:	Registration S Division of Co				
SUBJE	VASQUE	Z DISTRIBUTORS LLC			
SUBJE		Name of Lin	nited Liability Company		
The encl	losed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
			Name of Person		
		VASQUEZ DISTRIBUTO			
	Firm/Company				
	1480 NW NORTH RIVER DR APT 1903				
1	MIAMI F1. 33125				
			City/State and Zip Code		
		vasquezdistributors@gmail	City/State and Zip Code		
Can Bank				, <u></u>	
		concerning this matter, please o		: 5	
LEONA	RD VASQUEZ		347 408-9549 at ()		
	Name	of Person	Area Code Daytime Telephone Number	Ö	
Enclosed	I is a check for	the following amount:			
\$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (e of Status &	
	Mailing Addr Registration		Street Address: Registration Section Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VASQUEZ DISTRIBUTORS LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 02/14/2023	and assigned
Florida document number L23000080977	<u>.</u>	
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 AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		73
		٠
B. If amending the registered agent and/or regist	*	ame of the new register
agent and/or the new registered office address her	<u>-e</u> :	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		7 . 00
	Enter Florida street address	[·]
	Florida	
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LEONARDO VASQUEZ	1708 NW 126th Dr	Add
		Coral Springs FL 33071	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add 9 □Remove
			□ Change
			□Add
			Remove
			□Change
			□Remove
			□Change

	
	~-3
	<u>ن ، </u>
	. 29
·	
	<u></u>
	ri -
ective date, if other than the date of filing:	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.
n effective date is listed, the date must be specific and cannot be pri	ior to date of filing or more than 90 days after filing.) Pursuant to 605. licable statutory filing requirements, this date will not be liste
cument's effective date on the Department of State's record	
	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after
is filed.	
ned November 17th 202	· ર
led Movember 11.	<u></u> .
	7
Signature of a member or au	thorized representative of a member

Filing Fee: \$25.00