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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|--|---|
| SUBJECT: | CBX DISTYIBUTION Name of Limited | WC CC I Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are submit | ted for filing. | |
| Please return all correspondent | ondence concerning this matter to t | the following: | |
| | Wesley | Name of Person | |
| | CBX Distri | butio, UC Firm/Company | |
| | 111 North O | range AVe S | nite 800 |
| | Orlando, F | 32801 | |
| | 9 Um @ Chx d E-mail address: (to b | City/State and Zip Code Strib Wars: Come e used for future annual report notifi | cation) |
| For further information of | concerning this matter, please call: | | |
| GURN Name o | Of Person | at (415) 370 — Area Code Daytime | 77) G Telephone Number |
| Enclosed is a check for t | he following amount: | , | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

Mailing Address:
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

| CBx Distributors, LLC | | | | | |
|--|--|---|--|--------------|--|
| (Name of the Limite | d Liability Comps A Florida Limited | any as it now appears on ou Liability Company) | r records.) | | |
| e Articles of Organization for this Limited List orida document number L23000086106 | ability Company | were filed on February | 16, 2023 and assig | med | |
| is amendment is submitted to amend the follo | wing: | | | | |
| If amending name, enter the new name of | the limited liab | oility company here: | | | |
| new name must be distinguishable and contain the wo | ords "Limited Liabi | lity Company," the designation | on "LLC" or the abbreviation "L.L. | C." | |
| nter new principal offices address, if applicable: | | 111 North Orange Ave | | | |
| Principal office address MUST BE A STREET ADDRESS) | | Suite 800 | | | |
| | | Orlando, FL 32801 | 023. | | |
| ter new mailing address, if applicable: | 3 <i>0X</i>) | 111 North Orange Av | the second secon | | |
| | | Orlando, FL 32801 | , 5 | | |
| If amending the registered agent and/or reent and/or the new registered office address | | address on our records | , enter the name of the new 1 | <u>regis</u> | |
| | Wesley Ng | | | | |
| Name of New Registered Agent: | | - | | | |
| Name of New Registered Agent: New Registered Office Address: | | inge Ave, Suite 800 | | | |
| | | ange Ave, Suite 800 Enter Florida stree | | | |
| | | _ <u>~</u> | et address, Florida 32801 Zip Code | | |

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 = | | | |
|--------|----|----------|--------|
| AMBR = | Αt | thorized | Member |
| | | | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--|----------------|
| AMGR | Quan Nguyen | | □Add |
| | | 1057 Island Pointe Dr, Winter Garden, FL 34787 | ■ Remove |
| | | | □Change |
| MGR | Wesley Ng | 111 North Orange Ave, Suite 800, Orlando, FL 3 | 28 ■ Add |
| | | 32801 | □Remove |
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| ctive date, if other than th | e date of filing: | | | ptional) |
| effective date is listed, the date muse. If the date inserted in this b | | | | |
| iment's effective date on the I | | | | |
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| ord specifies a delayed effecti filed. | ve date, but not an effec | tive time, at 12:01 a | a.m. on the earlier of | : (b) The 90th day after th |
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| June 14 | | · | | |
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| | Signature of a member o | r authorized represen | tative of a member | <u> </u> |