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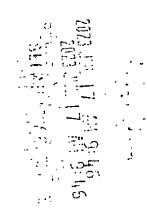
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(Ac	ldress)	
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Office Use Only



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COVER LETTER

TO: Registration Section

Division of Cor	porations			
DISTRO Q	F FL LLC			
SUBJECT:	Name of Lun	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HANIFREU			
		Name of Person		
		Firm Company		
	6210 FARTHING ST			2923
		Address		C =
	LAMPA, FL 33647		- '	2022 375, 17
	INFO@.UNIACC.NET	City State and Zip Code		**; (4
		to be used for future annual report notil	ication) .	- 43 - 43
For further information c	oncerning this matter, please c	all:		ري تير
HANLEREU		813 375-2850		
Name o	d Person	Area Code Daytime	: Lelephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	II \$30,00 Filing Fee & Certificate of Status	∑ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	So().00 Filing Fee Certificate of Sta Certified Copy radditional copy is er	tus &
<u>Mailing Addres</u> Registration !		Street Address: Registration Sec	rtion	
Division of Corporations		Division of Corp	porations	
P.O. Box 632		The Centre of T		
Tallahassee, 1	F1, 040 F4	24 to in, Monroc	: Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTRO OF FL LEC	
(Name of the Limited Liability Company as it now : (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed ϵ Florida document number $\frac{1.23000(21395)}{1.23000}$.	on 03/08/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability compa</u>	<u>nv here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbyes in tem "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(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, <u>enter the name of the new registe</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida street address
	Florida
- CHY	Zm 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. Thereby 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>	Name	Address	Type of Action
MGR	AHMAD ALI	8130 BRINEGAR CIR	_ ≣Add
		FAMPA, FL. 33647	□Remove
		_	_
			□Add
			Remove
		· ·	_ DAW - 5
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ective date, if other than t	he date of filing:			(optional)	
reffective date is listed, the date n	nust be specific and canna	ot be prior to date o	filling or more than 90	days after filing.) Pursuc	int to 605.020
te: If the date inserted in this cument's effective date on the			tulory filing requiren	ients, Inis date will no	n be listed ;
	•				
cord specifies a delayed effec	tive date, but not an ef	fective time, at 1	2:01 a.m. on the ear	lier of: (b) The 90th	day after th
s filed.					,
	()				
06/22/2023 led	/- /- /- /- /- /- /- /- /- /- /- /- /-				
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