L23000168297

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COVER LETTER

TO:

	Registration Se Division of Cor			
eun irc		Distributors LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Brian Smith		
			Name of Person	
		East Coast Distributors LL	С	
			Firm/Company	
		6300 NE 1st Avenue Suite	200	
		Address Fort Lauderdale, FL 33334		
		Fort Lauderdale, FL 33334		
			City/State and Zip Code	
		bdh@roschman.com		
		E-mail address: (to be used for future annual report notification	
For furthe	er information c	oncerning this matter, please ca	all:	
Brian Ha	mpson		954 776-7900 at ()	
	Name o	f Person	Area Code Daytime Teleph	ione Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration S Division of C		Registration Section Division of Corporati	ons
I	P.O. Box 632	7	The Centre of Tallaha	ssee
•	l'allahassee, f	FL 32314	2415 N. Monroe Stree	et, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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East Coast Distributors LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 4.	. 2023 and assigned
Florida document number 1.23000168297		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1103 NE 13th St	
(Principal office address MUST BE A STREET ADDRESS)	STE A	
	Fort Lauderdale, FL 33304	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registe
agent and/or the new registered office address here.		
Name of New Registered Agent:		
		 -
New Registered Office Address:	Enter Florida st	rees address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	·
I hereby accept the appointment as registered agent and agr		with: I further agree to comply with i
provisions of all statutes relative to the proper and complete	-	
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office		

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	Brian Smith	6300 NE 1st Ave	≣Add
		Suite 200	□Remove
		Fort Lauderdale, FL 33334	
MGR	Robert J Roschman	6300 NE 1st Ave	
		Suite 200	≅Remove
		Fort Lauderdale, FL 33334	
		_	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		_	□Add
			Remove
			□Change

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(If an ef Note:	ive date, if other than the date of filing: [August 30, 2023 (optional)] [Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ord is fi	/ /
	August 30 2023
ord is fi Dated	August 30 2023 Signature of a member or authorized representative of a member

Filing Fee: \$25.00