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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | | | |
|--|---|---|--|------------------|---------|--|
| | ribution LLC | | | | | |
| SUBJECT: | Name of Lim | 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: | | | | |
| | Joseph Yolofsky | | | | | |
| | | Name of Person | | | | |
| | Yolofsky Law, P.A. | | | | | |
| | | Firm/Company | | | | |
| | 100 SE 3rd Ave Suite 1000 |) | | | | |
| | | Address | | 20 | | |
| | Fort Lauderdale, FL 33394 | 4 | CRE | 2024 HAR –4 | • 1 | |
| | | City/State and Zip Code | JARY OF AHASSE | 20 | i enter | |
| | ajy@yolofskylaw.com | | S A A | | f | |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report notifiall; | Tration) | AM 10: 56 | | |
| Joseph Yolofsky | 2 | 954 237-4011 | - A | 56 | | |
| Name o | of Person | | e Telephone Number | | | |
| Enclosed is a check for t | he following amount: | | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate o Certified Co tadditional cop | f Status (py | | |
| Mailing Addre | | Street Address: | | | | |
| Registration Division of O | | Registration Section Division of Corporations | | | | |
| P.O. Box 632 | • | The Centre of T | • | | | |
| Tallahassee, | FL 32314 | 2415 N. Monroe | e Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| THEE Distribution LLC | | |
|--|--|------------------------------|
| (Name of the Limited | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liab Florida document number 1.24000090217 | ility Company were filed on February 20, 2024 | and assigned |
| This amendment is submitted to amend the follow | ing: | |
| A. If amending name, enter the new name of the | ne limited liability company here: | |
| The new name must be distinguishable and contain the word | Is "Limited Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | |
| (Principal office address MUST BE A STREET). | ADDRESS) | 2024 SEC |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>)X)</u> | CRETARY OF S |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | | 72 5 5 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Flor | ida |
| | 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> | Address | Type of Action |
|--------------|---------------|-------------------|--|
| MGR | UMMA KANNAYAN | 4675 NW 103RD ST. | ■Add |
| | | SUNRISE, FL 33151 | □Remove |
| | | | Change |
| MBR | KANNYAN, MURU | 4675 NW 103RD ST. | Dadd |
| | | SUNRISE, FL 33151 | SECRETAR - UGhange |
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| MBR | KANNYAN, UMMA | 4675 NW 103RD ST. | SSET S CONTROL OF SET S |
| | | SUNRISE, FL 33151 | FIN 55 |
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Page 2 of 3

| Effective date, if other than the date of filing: February 28, 2024 (optional) February 28 | | | | | | | _ |
|--|--|--------------------|------------------|---------------------|--|---------------|----------------------|
| Effective date, if other than the date of filing: If an effective 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date and elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. | | | | | | | |
| Effective date, if other than the date of filing: February 28, 2024 (optional) | | | | | | | |
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| | e record specifies a delayed effective The 90th day after the record is filed | date, but no d. | t an effectiv | e time, at 12 | 01 a.m. on | the ea | rlier o |
| | Pated February 28 | 2024 | <u></u> . | | | | |
| Signature of a member or authorized representative of a member | | | | | | | |
| | JOSEPH LYDEOLAKU | | | | | | - |

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Filing Fee: \$25.00