LZ4000118814

(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:





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COVER LETTER

Div	ision of Cor	porations		
SHRHATT-	Premium G	irain Distributors, LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The encloses	1 Articles of	Amendment and fee(s) are sub	miteral for City	
Please return	all correspo	ondence concerning this matter	to the following:	
		Alan Babitsky		
			Name of Person	<u> </u>
		Premium Grain Distributor	rs. LLC	
			Firm/Company	***
		175 E. Delaware Pl Apt 45	10	
			Address	
		Chicago, IL 60611		
		premiumgraindist@gmail.ea	City/State and Zip Code	
			to be used for future annual report noti	fication)
For further in	uformation c	oncerning this matter, please co	nII:	
Alan Babitsl	ς <u>γ</u>		847 208-4815	
	Name o	f Person	at ()	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 H	Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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 810277
Tallahassee, FL 32303

2021, APR -5 AH 10: 0-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rremium Grain Distributors, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re-	cords.)
The Articles of Organization for this Limited Liability Company		1
Florida document number L24000118814	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>en</u>	iter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
-		, Florida
Navy Daniesanud Amusta Cimpana 16 1	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
hereby accept the appointment as registered agent and agrovorsions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office	performance of my duties provided for in Chapter 60	s, and I am familian with and

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

Title	Name	Address	Type of Action
MGR	Roman Chernyhovsky	16010 53rd PI N	≣ Add
		Plymouth, MN 55446	□Remove
			□Add
			🗆 Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□ Change
			Remove
		ALL MANS DEE	SECOND BRChange SECOND STATE STATE
			D Change

IRS Form Attached.							
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ffective date, if other than the dian effective date is fisted, the date must vote: If the date inserted in this block ocument's effective date on the Department apprints and the second enterior of the seco	partment of State	's records.	autory ming fequ	rements, this da	te will not	t be listed	i as
record specifies a delayed effective l is filed.	date, but not an e	ffective time, at	12:01 a.m. on the	earlier of: (b)	The 90th d	lay after t	he
ated April 3	20	024			· S	20;	
10	in the second				TAL:	2024 APR	(÷
//	2		~ .		>=====================================	꿇	-7
S	ignature of a memb	er or authorized re	presentative of a m	mber		 -∔	٠.
S Alan Babitsky	ignature of a memb	per or authorized re	presentative of a mo	mber	TISSE OF	₇ 5 AH	น์ ขึ

Filing Fee: \$25.00