







024 HAY -8 PH 3: 4
SECRLIARY OF STATE
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

ASPECT DISTRIBUTORS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: VLADIMIR LAURENT Name of Person ASPECT DISTRIBUTORS LLC Firm/Company 8306 NW SOUTH RIVER DR Address MEDLEY, FL 33166 City/State and Zip Code info@potiericocktail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VLADIMIR LAURENT Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ASPECT DISTRIBUTORS LLC

FILED 2024 HAY -8 PH 3: 56

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

(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Li	ability Company	were filed on MARC	H 22, 2024-7	and assigned
Florida document number L24000140849				, (
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designa	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
				12-8
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	BOX)	-		
B. If amending the registered agent and/or ragent and/or the new registered office address		ddress on our record	ls, <u>enter the na</u>	ame of the new registere
Name of New Registered Agent:				
New Registered Office Address:	<u>8306 r</u>	W SOUTH Enter Florida str	RIVER veet address	<u>ro</u>
	_mtd/t	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Florida _	33166 Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:	Su,		esp cont
I hereby accept the appointment as registere		=	•	

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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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PRES	VLADIMIR LAURENT	8306 NW SOUTH RIVER DRIVE	≣ Add
		MEDLEY, FL 33166	□Remove
			□Change
			□Add
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			□Remove
			□Change

Effective date, if other than the date of filing: MARCH 22, 2024 (optional) for effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing 1 Pursuant to 80 \$0.20 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 goal is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. APRIL 19 2024 VLADIMIR LAURENT	_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Filing Fee: \$25.00