L24000159190

(Re	questor's Name)
(Ad	dress)	
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(Cit	ty/State/Zip/Phor	ne #)
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(Do	cument Number)
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COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT:	LOBSTER MADE	EASY DISTINBUTION	uc
		mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	ebmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	ViviAn	Name of Person	
	LOBSTER MA	DE GASY DISTRIBU	TION LIC
	9822 AND	Address	
		City/State and Zip Code CUSTER MADE FA (to be used for future annual report not	84 × Cal-l
For further information	E-mail address: concerning this matter, please		ification)
Vivinas	FEDEUCH	at (786) 999	-3040
rane	or reison	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 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 Addre Registration Division of O	Section	Street Address: Registration Se Division of Cor	
P.O. Box 63: Tallahassee.	27	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOBSTER MADE EA	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	1 1
The Articles of Organization for this Limited Liab	
Florida document number <u>L'240001597</u> °	<u> </u>
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of t	ne limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ie:
(Principal office address MUST BE A STREET	ADDRESS)
	•
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE B	
D. Ifdisa the registered point and/on rec	istered office address on our records, enter the name of the new regist
B. If amenting the registered agent and/or re- agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	
	, Florida

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records: MGR = Manager Type of Action AMBR = Authorized Member **Address** 9822 ADERSON READ XIAdd Name Title VIVIANT FEDELICH AMBR _ Change ___ 🔲 Remove _____ Change □Remove □Remove _ □Remove □Change

If amending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	late, if other than the date of filing:
If the record sp record is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	July 13 2024
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00