

(((H24000281543 3)))



H2400028154334BCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

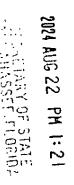
Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206



**Ente	r th	e email	address	for	this	busin	ess	entity	to	be	used	for	future
غ أغليد ع من	annua	l repor	rt mailir	ıgs.	Enter	only	one	email	add	res	s ple	ase.	* *

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LG WHOLESALE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON AUG 2 2 2024

Electronic Filing Menu

Corporate Filing Menu

Help

8/22/2024 06 40:02 PDT - To: 13506176383 Page: 2/4 Fax: 9134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LG Wholesale LLC (Name of the Limited Liab) (A Florid	ilits Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L24000180822	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Precision Fill and Pack LLC		
The new name must be distinguishable and contain the words "Lit	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADD	DRESS)	A. C.
		· · · · · · · · · · · · · · · · · · ·
		ا کھ ا
Enter new mailing address, if applicable:		E 0 P
Mailing address MAY BE A POST OFFICE BOX)		92 .
	· · · · · ·	•
 If amending the registered agent and/or registere agent and/or the new registered office address here: 		ame of the new register
Name of New Registered Agent:		
		
Name of New Registered Agent: New Registered Office Address:	Enter Florida sneet address	
	Enter Florida sneet address Florida	

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.

8/22/2024 06 40:02 PDT .

Tc 18506176383

Page: 3/4

Fax: 8134365206

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>	Name	<u>Address</u>	Type of Action
		· 	
			Remove
			□Change
			Tadd
			□Remove
			2024 AUG 22 Manager Tary AH MSSE
			IBRY O感STATE ISSEE TORIGHT
			Fladd
			□Remove
			[]Change
			DAdd
			URemove
			DAda
			□Remove

8/22/2024 06 40:02 PDT	To 18506176383	Page, 4/4	Fax. 8134365206
------------------------	----------------	-----------	-----------------

	·····						
	<u> </u>				-		
		- 			· - <u></u> -		
			·		, <u></u>		
	- · ·			· _		1.2 () 1.2 ()	2024 AUG
						25 A A A A A A A A A A A A A A A A A A A	AUG 22
					·	SE8.FL SE8.FL S OF S	2 PM
						ORIO/	1:21
				·		- · 	
Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Dep	k does not meet the	applicable st	of filing or mo atotory filing	e thin 90 day requirement	optional) , after filing) Pu s, this date wif	asumit to 605, I not be liste	.0207 (3) id as the
e record specifies a delayed effective rd is filed.	date, but not an effe	ective time, at	12:01 a.m. oi	the carber (of: (b) - [he બ	Jth day after	the
Dated August 22	2024						

Filing Fee: \$25.00