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2024 OCT 30 PH 4: 36

COVER LETTER

TO:

	gistration Se vision of Cor			
OLD INCOM		RIBUTORS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ANDRES JORGE CABAL	LERO	
			Name of Person	
		BBT DISTRIBUTORS LL	.C	
			Firm/Company	
		12419 SW 110th SOTH C.	ANAL ST RD	
			Address	
		MIAMI, FL 33186		
			City/State and Zip Code	
		BBTDISTRIBUTORS@G!	MAIL.COM to be used for future annual report not	
				(meation)
For further	information c	oncerning this matter, please ca	all:	
ANDRES.	JORGE CAB	ALLERO	305 244-5688 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	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)
	ailing Addres		<u>Street Address:</u> Registration So	ection
	_	forporations	Division of Co	orporations
	O. Box 632 allahassee, I		The Centre of	Tallahassee oe Street, Suite 810
1.6	ananassee, l	L J Z J L T	47 (J. MOIII)	or oncer oute ore

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 OCT 30 PM 4: 36

BBT DISTRIBUTORS LLC

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

The Articles of Organization for this Limited Liability Company were f	iled on _	SEPTEMBE	IR 24, 2024	_ and assigned
Florida document number L24000416764				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	mpany	here:		
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," th	ne designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			-	
(Principal office address MUST BE A STREET ADDRESS)				<u></u>
Enter new mailing address, if applicable:		<u> </u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on oui	r records, <u>e</u>	nter the name	of the new registered
agent and/or the new registered office address here.				
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter F	Florida street a	iddress	
			_, Florida	Zip Code
Ci	įγ			Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office addressing the company has been notified in writing of this change.	rmance led for ii	of my dutie n Chapter (rs, and Lam far 605, F.S. Or, if	niliar with and this document is
Company has been horgice in arming by this entirige.				

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	LAZARO R CORE	625 SW 46 AVE CORAL GABLES, FL 33134	□Add
			≡ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
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			□Change

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		.		
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E. Effective date, if other than the office (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicat	o date of filing or more than ble statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	o 605.0207 (3) Isted as the
f the record specifies a delayed effective ecord is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dated OCTOBER 23	2024	_·		
1/4/				
	Signature of a member or author	ized representative of a mo	ember	_
ANDRES JORGE CAB	ALLERO			
	Typed or printed	i name of signee	 -	_

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 OCT 30 PM 4: 37

BBT DISTRIBUTORS LLC

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

The Articles of Organization for this Limited Liabilit	ty Company were filed or	SEPTEMBER 24, 2024	and assigned
Florida document number L24000416764	·		
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	limited liability compar	v here:	
The new name must be distinguishable and contain the words	'Limited Liability Company,"	the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or regist agent and/or the new registered office address her		ur records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			<u>-</u>
New Registered Office Address:			 _
	Ente	r Florida street address	
<u> </u>	City	, Florida	Zip Code
	Chy		hip 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 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
AP	LAZARO R CORE	625 SW 46 AVE CORAL GABLES, FL 33134	□ Add
			≡Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			🗆 Remove
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			······································
			
			
Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block date in the Date of the	ate of filing:	o date of filing or more than 90	(optional) days after filing.) Pursuant to 605.020
document's effective date on the Dep	arment of State's records.		
ne record specifies a delayed effective ord is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
Dated OCTOBER 23	, 2024		
ML			
, , , , , , , , , , , , , , , , , , ,	ignature of a member or author	ized representative of a memb	ег

Filing Fee: \$25.00