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SEUNG LÄRY OF STATE

## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations				
CHRICT	JMMR Distr	ribution LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	indence concerning this matter	to the following:			
		Jeffrey Zawada, Jr.				
			Name of Person			
		JMMR Distribution LLC				
		<del> </del>	Firm/Company		<del></del>	
		7901 4th St N Ste 300				
			Address			
		St. Petersburg, FL 33702				
			City/State and Zip Coc	le		
		jeffreyz1279@gmail.com				
For further is	nformation c	h-mail address: ( oncerning this matter, please ca	to be used for future annuall:	al report notification	)	
Jeffrey Zawa	ada, Jr.		at (407 ) 5	572-79866		
	Name o	f Person	Area Code	Daytime Telep	hone Number	
Enclosed is a	i check for th	ne following amount:				
☑ \$25.00 E	filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy tadditional copy is a		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres			Address:		
	gistration S vision of C	section forporations		tration Section ion of Corporati	ions	
	D. Box 632	•		Centre of Tallaha		
Tal	llahassee T	FI 32314	2415	N. Monroe Stre	et Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE

JMMR Distribution LLC

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

	"ASSEE"		
were filed on 11/23/24	and assigned		
ility company here:			
lity Company," the designation "LL	C" or the abbreviation "L.L.C."		
1512 Upper Road			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  20611 Longleaf Pine Ave			
20611 Longleaf Pine Ave	-		
Татра, FL 33647			
audress on our records, <u>ente</u>	r the name of the new registered		
Enter Florida street addr	en		
Enter Florida street address Florida			
City	Zip Code		
performance of my duties, a	, F.S. Or, if this document is		
	ility company here:  lity Company," the designation "LL 1512 Upper Road  Zephyrhills, FL 33543  20611 Longleaf Pine Ave  Tampa, FL 33647  Enter Florida street address on our records, enter  Enter Florida street address of our conditions of the performance of my duties, a provided for in Chapter 605		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeff Zawada, Sr	1721 Augustine PI	
		Tallahassee, FL 32301	□Remove
			□ Change
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			□Remove
			□Remove
			□ Change
	<del></del>		∃Add
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		<u> </u>	□Change
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			☐ Change

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fective date, if other than in effective date is listed, the date			or to date of filing		( <b>optional</b> ) vs after filing.) Pu	irsuant to 605.020
ote: If the date inserted in this	s block does not	meet the appli	cable statutory			
ocument's effective date on the	: Department of	State's record	S.			
ecord specifies a delayed effe	rtive date, but no	ot an effective	time, at 12:01 a	a.m. on the earlier	of: (b) The 9	0th day after th
is filed.						
0.1/00						
nted		2025				
<i></i>						
	,e			tative of a member		
A /	Signature of	a member or aut	horized represent	tative of a member		

Filing Fee: \$25.00