

To:

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2025-02-06 11:13:12 UTC-14

18506176383

From: ZenBusiness User

**125000045494 39284**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H25000045494 3))



H250000454943AEC0

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To:

Division of Corporations  
Fax Number : 1850617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : 120230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.••

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DISTRO BAY LLC

|                       |         |
|-----------------------|---------|
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| Page Count            | 04      |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1125000045494 3

To:

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2025-02-06 11:13:12 UTC+14  
ARTICLES OF AMENDMENT

18506176333

From: ZenBusiness User  
1125000045494.3

TO  
ARTICLES OF ORGANIZATION  
OF

Distro Bay 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 filed on 2025-01-22 and assigned  
Florida document number 1.25000039294.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 5482

Sun City Center, FL 33571

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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 Changing Registered Agent, Signature of New Registered Agent

1125000045494.3

MGR = Manager H2500004549

AMBR = Authorized Member 4 3

| Title | Name            | Address                               | Type of Action                             |
|-------|-----------------|---------------------------------------|--------------------------------------------|
| AMBR  | Feras Herzallah |                                       | <input checked="" type="checkbox"/> Add    |
|       |                 |                                       | <input type="checkbox"/> Remove            |
|       |                 | PO Box 5482 Sun City Center, FL 33571 | <input checked="" type="checkbox"/> Change |
|       |                 |                                       | <input type="checkbox"/> Add               |
|       |                 |                                       | <input type="checkbox"/> Remove            |
|       |                 |                                       | <input type="checkbox"/> Change            |
|       |                 |                                       | <input type="checkbox"/> Add               |
|       |                 |                                       | <input type="checkbox"/> Remove            |
|       |                 |                                       | <input type="checkbox"/> Change            |
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|       |                 |                                       | <input type="checkbox"/> Remove            |
|       |                 |                                       | <input type="checkbox"/> Change            |
|       |                 |                                       | <input type="checkbox"/> Add               |
|       |                 |                                       | <input type="checkbox"/> Remove            |
|       |                 |                                       | <input type="checkbox"/> Change            |
|       |                 |                                       | <input type="checkbox"/> Add               |
|       |                 |                                       | <input type="checkbox"/> Remove            |
|       |                 |                                       | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Amend the purpose to read as: A wholesale jobber business involves buying goods in variety quantities directly from distributors and suppliers and then reselling them to retailers, such as smoke shops and convenience stores, and through online channels such as amazon , at a profit.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (1)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 2/5 2025

/s/ Feras Herzallah

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Feras Herzallah

\_\_\_\_\_  
Typed or printed name of signee