

M17000004837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

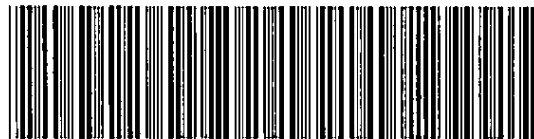
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/17/17--01031--002 **25.00

FILED
17 JUN 18 AM 11:49
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

JUL 20 2017

Y SULKE

July 3, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: FWS Distributors, LLC

Dear Sir/Madam:

Enclosed you will find our Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida. After speaking with your office I was instructed to provide you with this letter for further explanation. We first filed our entity in Florida with the name Florida Beverage, LLC and it was returned to us as the name was already taken. We then provided the name FWS Distributors, LLC and that was accepted however it became a cross reference name. We went back and changed our original name (Florida Beverage, LLC) in the home state to FWS Distributors, LLC to be consistent with the name in Florida and would now like to make that the only name that appears in Florida (and make it so that it is no longer a cross reference name).

Thank you for your help in getting this changed and if you have any questions, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink that reads "Christi L. Keller". The signature is written in a cursive, flowing style.

Christi L. Keller
Corporate Paralegal
(316) 847-4862
christi.keller@lrico.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FWS DISTRIBUTORS, LLC**
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christi Keller

Name of Person

FWS Distributors, LLC

Firm/Company

2416 E. 37th St. N.

Address

Wichita, KS 67219

City/State and Zip Code

christi.keller@lrco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christi Keller

Name of Person

at **(316) 847-4862**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: FWS Distributors, LLC (original name Florida Beverage, LLC)

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M17000004837

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6/6/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: FWS Distributors, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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.

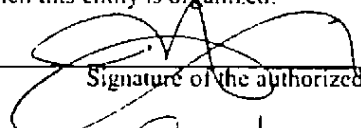
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Angie Gregory	2416 E. 37th St. N., Wichita, KS 67219	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Jason Snider

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "FLORIDA BEVERAGE, LLC", CHANGING ITS NAME FROM "FLORIDA BEVERAGE, LLC" TO "FWS DISTRIBUTORS, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2017, AT 10 O'CLOCK A.M.



6404906 8100
SR# 20174938068

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202791205
Date: 06-27-17

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: FLORIDA BEVERAGE, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1 is being changed to "FWS DISTRIBUTORS, LLC"

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 26th day of June, A.D. 2017.

By: 
Authorized Person(s)

Name: Jason Snider
Print or Type