Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001662873)))



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

_			
Т	$\sim$	٠	
	u	•	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*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 (1) TEXTRAIL LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

HelpT. LEMIEUX

H24000166287 3

### COVER LETTER

ro: Registration S Division of Co				g <sup>*</sup>
SUBJECT: Textrail L	TC			
	Name of Foreign	Limited Liab	ility Con	npany
Dear Sir or Madam:				
The enclosed applicati	on, certificate and fee(s) a	re submitted	for filing.	
Please return all corre	spondence concerning this	matter to the	followin	g:
Jeanne Balint				
	Name of Person		_	
Butzel Long				
	Firm/Company		_	
150 West Jefferson, Ste 1	00		_	
	Address			
Detroit, MI 48226			_	
	City/State and Zip Code			
DDG-licensing@dexterg	•			
E-mail address: (to	be used for future annual	report notifica	tion)	
For further information	n concerning this matter, p	olease call:		
Jeanne Balint		at (313	225-70	03
Name	of Person	Area Code	& Dayti	me Telephone Number
Malling Address Registration S	Section		_	ation Section
Division of Co				n of Corporations
P.O. Box 632 Tallahassee, F				ntre of Tallahassee Monroe Street, Suite 810
rananassee, r	L 32314			ssee, FL 32303
	check for the following a			
■\$25 Filing Fee {	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Certified C		S60 Filing Fee, Certificate of Status &
CR2E055 (9/15)				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 appear	s on the records of the Florida l	Department of
State: Textrail LLC		
Enter new principal office address, if applicable:	n/a	
( <u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	n/a	MAN - 1 AM 9:
2. The Florida document number of this limited lia	ability company is: M23000010	0028 7 7 53
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: $\frac{07/2}{}$	7/2023	<del> </del>
SECTION II (5-9 complete only the applicable		
<ol> <li>New name of the number habitity company:</li> </ol>	exter Distribution Group LLC t contain "Limited Liability Co	mpany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	naging members adopting the a	
6. If amending the registered agent and/or registere registered agent and/or the new registered office a		s, enter the name of the new
Name of New Registered Agent: n/a		
New Registered Office Address:		
	Enter Florid	a Street Address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capa and complete performance of n tered agent as provided for in C in the registered office address	ny duties, and I am familiar with hapter 605, F.S. Or, if this

n/a	<u></u> .		
le/ Capacity	Name	Address	Type of Action
			□Add
			□Remo
			□Add
			□Remo
			□Remo
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Rcmo
			□Add
aforementioned am	icate, if required: no more than 90 cendment(s), duly authenticated by the law of which this entity is organ  Steven Sacce Signature of the	the official having custody of records ized.	□Remo

Filing Fee: \$25.00

H24000166287 3



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAMARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "TEXTRAIL LLC",
CHANGING ITS NAME FROM "TEXTRAIL LLC" TO "DEXTER DISTRIBUTION
GROUP LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF
DECEMBER, A.D. 2023, AT 4:27 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2024 AT 1 O'CLOCK A.M.



Authentication: 203416950

Date: 05-07-24

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

H24000166287 3

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION OF TEXTRAIL-LLC

TexTrail LLC (the "Company"), a limited liability company organized and existing under and by the virtue of the Limited Liability Company Act of the State of Delaware (the "Act"), desiring to amend the Company's Certificate of Pormation pursuant to Section 18-202 of the Act, does hereby certify:

- 1. The name of the limited liability company is TexTrait LLC.
- 2. The Certificate of Formation of the limited liability company is hereby amended as follows:
  - The name of the limited liability company is Dexter Distribution Group LLC.
  - 3. The amendment shall become effective as of 1:00 a.m. BST on January 1, 2024.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on December 15, 2023.

TEXTRAIL LLC
a Delaware limited liability company

Steven Esau, Vice President