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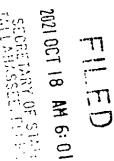
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

RSCMHO SUBJECT:	Distributing, Inc.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paul Rivera		
		Name of Person	· · · ·
	RSCMHO Distributing, In	oc .	
		Firm/Company	
	7965 SR 50, #114		
		Address	
	Groveland, FL 34736		
		City/State and Zip Code	
	paul.rivera@sandralogistics E-mail address: (s.com to be used for future annual report no	atification)
For further information c	oncerning this matter, please c	·	
Paul Rivera		407 639-0082	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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)
Mailing Addres Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 18 AM 6: 01

RSCMHO Distributing Inc.			>0000710V 05 6111	
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our rec Liability Company)	ords.) SECRETARY OF STATE TALL AHASSEE, FU BE	
The Articles of Organization for this Limited L	iability Company	were filed on	and assigned	
Florida document number P17000019319	,			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
Sandra Logistics Co.				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		7965 SR 50, #114		
(Principal office address MUST BE A STREE	T ADDRESS)	Groveland, FL 34736		
Enter new mailing address, if applicable:		7965 SR 50, #114		
Mailing address MAY BE A POST OFFICE BOX)		Groveland, FL 34736		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>ent</u>	ter the name of the new registere	
	7965 SR 50, #1	1.4		
New Registered Office Address:	7707 3K 30, #1	Enter Florida street ada	lress	
	Groveland		Florida 34736	
		City	Zip Code	

New Registered Agent's Signature, it 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

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Effectiv	e date, if other tha	n the date of fi	iling:		(opt	ional)	
(If an effe	ctive date is listed, the da	ite must be specific	e and cannot be pri	or to date of filing o	r more than 90 days afte	er filing.) Pursuant to 605.02	
Note: I	f the date inserted in t nt's effective date on	this block does n	of State's record	licable statutory fi	ling requirements, th	is date will not be listed	as th
docume	in s effective date on	the Department	of State 8 fector	15.			
he record ord is file		fective date, but	not an effective	time, at 12:01 a.r	n, on the earlier of: (b) The 90th day after the	he
ora is the	d.						
(October 11.	_	2021				
Dated _	October 11,	/) -	+/	<u> </u>			
		11 / 1/1	//				
	/	1 <i>//11. // //</i>	7				

EU E GARA

Typed or printed name of signee