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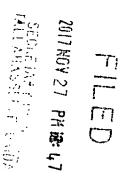
(R	equestor's Name)
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· PICK-UP	MAIL MAIL
· (B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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Amend

NOV 29 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: L&A [DOCUMENT NUMBER: P 100000					
The enclosed Articles of Amendment and fee are submitted for tiling.					
Please return all correspondence concerning this matter to the following:					
L&A 510 F Paln	Fernanda Name of Contact Person F D15tribution North TNC. Firm/ Company Fern AUE NE Address Bay, FL 32907 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
•					
Name of Contact Person	at (321) 657 -8972 Area Code & Daytime Telephone Number				
Euclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301				

Articles of Amendment

to

Articles of Incorporation

of

L&A Distribution North			
(Name of Corporation as curren	ntly filed with the Florida Dept.	of State)	
P_170006	7954		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation add	opts the following	amendmentts
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporat	ated" or the ab	hreviation
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		 1	2
		<u> </u>	- -
C. Enter new mailing address, if applicable:		74-1 CO 17	LO 4
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	· — • • • • • • • • • • • • • • • • • •	<u> </u>	i
		***	골 !!
		닿	
			
D. If amending the registered agent and/or registered office ad		e of the	
new registered agent and/or the new registered office addre	288:		
Name of New Registered Agent	·		
(Florida	street address)		,
New Registered Office Address:		Florida	
	Спут	(Zip Ce	oder
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent—I am familia	nt: www.ith.and.accept.the.ahliaations	of the position	
	and accept the omigations	у ак рознат.	
Signature of New	Registered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title.

P = President; V - Vice President; T - Treasurer; S - Secretary; D - Director; TR - Trustee; C - Chairman or Clerk, CEO - Chief Executive Officer; CFO - Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD

Changes should be noted in the following manner—Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

X Change	PT John Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P Charles Yona	510 Fern AVE
Add		Polm Buy FL
X Remove		32907
- 2) _ X _ Change	VP Tovany Fernanda	SIO Fein AUE
Add	ı	Palm Bay, FL
Remove		37907
3) Change	P Towary Fernanda	510 Fern AUE
X _ Add	, in the second	Palm Bey, FL
Remove		32967
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach additional sheets, if necessary).	(Be specific)
•	
· · · · · · · · · · · · · · · · · · ·	

f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: 11	
Effective date if applicable: 1 1 121 7017 (no more than 90 days after amendment file date)	
•	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed viduciary by that tiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	

. . . .