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SECRETARY OF STATE DIVISION OF CORPORATIONS

JUL 3 0 2013 T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Distritech, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Hasbun

Name of Person

Distritech, LLC.

Firm/Company

444 Brickell Avenue Suite 710

Address

Miami, FL 33131

City/State and Zip Code

dh@distritechusa.com

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

For further information concerning this matter, please call:

David Hasbun

305 323-8363

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Distritech, LLC.				
(Name of the Limite	d Liability Compa A Florida Limited	any as it now app Liability Company	ears on our records.)	·
The Articles of Organization for this Limited 1	iability Company	y were filed on <u>6</u>	6/24/2008	and assigned
Florida document number L0800006188	5		A	. 😑
This amendment is submitted to amend the fol	lowing:			SECRETAR IVISION OF C
A. If amending name, enter the new name	of the limited lial	bility company l	<u>iere</u> :	9 COS
				Se S
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	nited Liability Con	npany," the designation "LL	C" or the abbreviat
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	r ROX)	6020 NW	99th Avenue Suit	e 305
intuing dualess mail DE ATOST OTTICE	BOA	Miami, FL		
B. If amending the registered agent and registered agent and/or the new registered of	ffice address her	ffice address or		e name of the n
Name of New Registered Agent:	David Ha	sbun		
New Registered Office Address:	444 Brick	ell Avenue S		
	Enter Florida street address			ss
	Miami		, Florida <u>33</u> 1	178
		City	<u></u> ,	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Member	Paola Abello	444 Brickell Avenue Suite 710	Add
		Miami, FL 33131	Remove
Member	Sebastian Abello	444 Brickell Avenue Suite 710	Add
		Miami, FL 33131	Remove
			SECRETARY OF STATE OF CORPERATIONS 13 JUL 29 PH 3: 05
			Add
			Add Remove
			Add

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•, `	
Dated	JULY 24 , 2013 .
	Signature of a member or authorized representative of a member
	DAVID HAJBUN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STAIL SECRETARY OF STAIL SECRETARY OF SCRETCHS