L14000010358

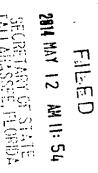
(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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N. Outligan MAY 2 1 2014

COVER LETTER

TO:

Registration Section
Division of Corporations

CLARIDGE DISTRIBUTION LLC

SUBJECT:

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:

Vanessa Elmaleh
Name of Person
CILS INC
Firm/Company
407 Lincoln Road Suite 12F
Address
Miami Beach FL 33139
City/State and Zip Code
attorney.velmaleh@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Elmaleh

_786 423 383

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

FILED 2014 MAY 12 AM 11: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CLARIDGE DISTRIBUTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1.4.4000070050	bility Company were filed on May 1, 2014	and assigned
Florida document number L14000070358	<u>-</u>	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
Enter new mailing address, if applicable:	edda, strong P. P. Colonia	
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		enter the name of the new
Name of New Registered Agent:		
	Enter Florida street address	
New Registered Office Address:	Liner I tortila street address	
New Registered Office Address:		-ida
New Registered Office Address:		rida
New Registered Office Address: New Registered Agent's Signature, if changing Re	, Flor	rida Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CLARIDGE INVESTMENT MORIDA LLC	407 LINCOLN RD	□ Add
		MIAMI, FL 33139 US	■ Remove
MGRM	CLARIDGE INVESTMENT FLORIDA LLC	407 LINCOLN RD	
		MIAMI, FL 33139 US	□ Remove
			Add
			□ Remove
			Add
			□ Remove
			□ Add
			☐ Remove
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
E.	Effective date, if other than the date of filing:		
	Dated 5/7/2014		
	Vanessa Elmaleh		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

