

L17000156872

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H17000234724 3)))



H170002347243ABCJ

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

To:

Division of Corporations
Fax Number : (850)617-6385

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : 120120000052
Phone : (305)591-9100
Fax Number : (305)591-9167

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@jelenaccounting.com

STATE OF FLORIDA
TALLAHASSEE

2017 AUG 30 PM 4:59

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
H&V PMU DISTRIBUTORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

STATE OF FLORIDA
TALLAHASSEE

17 AUG 30 AM 11:49

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 31 2017

Y SULKER

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H&V PMU DISTRIBUTORS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/21/2017 and assigned
Florida document number L17000156872.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MARLO VALECILLOS HERRERA

New Registered Office Address: 4883 NW 109 PATH

Enter Florida street address

DORAL, Florida 33178
City 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 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.


Marlo Valecillos
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Marlo Valecillos Herrera	4883 NW 109 PATH	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

11 AUG 30 AM 11:49
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-19-2010 BY 60322 UCBAW

17 AUG 30 AM 11:49
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-28-2001 BY 60322
UCBAW

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 30 2017

Yvellys Fernandez
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

YUSLEIDYS HERNANDEZ CAICEDO

Typed or printed name of signee