

MIS00000 2945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

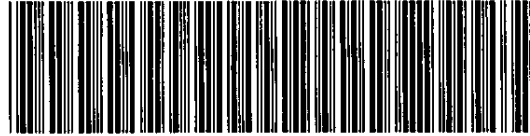
(Document Number)

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FILED
16 JUL 29 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 01 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIZO-LOPEZ DISTRIBUTORS, 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:

SERGIO VACA

Name of Person

RIZO-LOPEZ DISTRIBUTORS, LLC.

Firm/Company

3901 NW 79TH AVENUE - UNIT 224

Address

DORAL, FL 33166

City/State and Zip Code

svaca@rizolopezdistributing.com

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

For further information concerning this matter, please call:

SERGIO VACA

786 376-4511
at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 JUL 29 PM 2:51

July 19, 2016

SERGIO VACA
3901 NW 79TH AVENUE, UNIT 224
DORAL, FL 33166

SUBJECT: RIZO-LOPEZ DISTRIBUTORS, LLC
Ref. Number: M15000002945

We have received your document for RIZO-LOPEZ DISTRIBUTORS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 016A00014986

16 JUL 29 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Rizo-Lopez Distributors, LLC

Enter new principal office address, if applicable: 3901 NW 79th Avenue - Unit 224

Doral, Fl 33166
**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: 3901 NW 79th Avenue - Unit 224

Doral, Fl 33166
**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: 115000002945

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: April 20, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Sergio Vacca

New Registered Office Address: 3901 NW 79th Avenue - Unit 224
Enter Florida Street Address

Doral, Florida 33164
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.

Sergio Vacca
If Changing Registered Agent, Signature of New Registered Agent

16 JUN 19 PM 1:18
SECRET
TALLAHASSEE FLORIDA

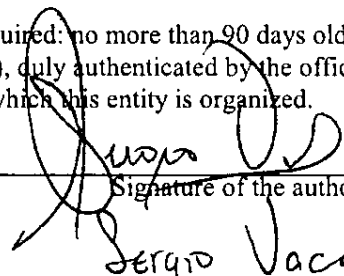
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

 Sergio Vaca

 Typed or printed name of signee

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 JUL 29 PM 4:18

Filing Fee: \$25.00