## POSOOOSIS





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And

SECRETARY OF STATE TALLARIASSEE, FL

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DISTRIHARD CO	ORP.			
DOCUMENT NUMBER: P05	000005988				
The enclosed Articles of Amend		ibmitted for filing.			
Please return all correspondence	concerning this ma	itter to the following:			
EDUARI	OO MENDEZ				
	Name of Contact Person				
MENDEZ	MOLIERI & CO	MPANY LLC			
Firm/ Company					
2600 S D	DUGLAS ROAD S	SUITE 501			
		Address	<u> </u>		
CORAL C	JABLES, FL 3313	4			
		City/ State and Zip Co	de		
EMENDEZ@N	MCO-CPA.CÓM				
E-ma	il address: (to be us	sed for future annual repor	t notification)		
For further information concerning	ng this matter, pleas	se call:			
EDUARDO MENDEZ		at (	742 2800		
Name of Contact	Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made [	payable to the Florida Dep	partment of State:		
	.75 Filing Fee & tificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addre Amendment Se Division of Col P.O. Box 6327 Tallahassec, FI	ction porations	Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

2018 AUG 28 AM 8: 45

DISTRIBARD CORP.	2010 NOO 20 1111
(Name of Corporation as cur P05000005988	rrently filed with the Florida Dem. of State EE, FL
	aber of Corporation (if known)
	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	m:
	The new
name must be distinguishable and contain the word "corp." "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." word "chartered," "professional association," or the abbrevia	vation," "company," or "incorporated" or the abbreviation for "Co". A professional corporation name must contain the tion "P.A"
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	address in Florida, enter the name of the dress:
Name of New Registered Agent	
(Florie	da street address)
New Registered Office Address:	Florida
Victoria Vic	(Cuyr (Zip Code)
New Registered Agent's Signature, if changing Registered A bereby accept the appointment as registered agent. I am fami	gent: liar with and accept the obligations of the position
The second secon	nar sam ana accept the marganents of the position.
Signature of X	ew Revistered Avent, 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 PTD.

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

Example: <u>X</u> Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	P	RESNIK. ALBERTO J	2600 S. Douglas Road			
Add			SUITE # 501			
X Remove			Coral Gables, FL 33134			
2) Change						
Add						
Remove						
3 ) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6)Change						
Add						
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del></del>
*****	
f an amendment provides for an exchi	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

8100 61 50

The date of each anundment(s) adoption: due this document was signed.

Lift other than the

Effective date if applicable:

mone then 90 days after anomalism the dates

Note: If the date esserted in this block does not meet the applicable statistics filling recoil ements, this dote will not be listed as the document's effective date on the Department of State's records

4		
Adoption of Amen		(CHECK ONE)
Dictionendo ento	e) - as ware adopted b ers was ware sufficien	by the shareholders. The number of votes east for the sine $M$ -central in the approvable.
Differenceday of	cywneiwere ampiowed Acprovided for each	Lby the shireholders through voltag groups. The following statement water vicing counted to voltas epicalete on the amendments (
Placement	oci of votes cast for the	ie amendment(s) was were sufficient for approval
ty _		(voting group)
action was not re	equired	by the board of directors withour shareholder perion in it shareholder
The amendment action was not a	(s) was/v cre udopted courred	by the incorporators without stateholder petion and stateholder
I	07/13/18 مر	
:	-sélectéd by	or, president other officer of or ectors or officers have not been and moniporator - if in the hands of a receiver, trustee or other countricularly by that fiduciary)
	Ris	RE HUMBURTO ESCAMULTA
		(Typed or printed name of person signing)
	PRF	PSIDENT
		(Tale of person signing)

Page 4 of 4