P12000092493

(Re	equestor's Name)	- 11201
(Ad	ldress)	· .
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(Ci	ty/State/Zip/Phone	e #) ·
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TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Hemi Distrib	oution, Inc
DOCUMENT NUMBER: P12000092493	3
DOCUMENT NUMBER: 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Raul M. Saenz, C	
	Name of Contact Person
Saenz & Associat	
8180 NW 36th Str	Firm/ Company
0 100 100 3001 30	Address
Miami, Florida, 33	
	City/ State and Zip Code
raul.saenz@cpascons	sultants.com
	ed for future annual report notification)
For further information concerning this matter, please	e call:
Raul M. Saenz, CPA	at (305) 796-9600
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Hemi Distribution, Inc			_
(Name of Corporation as current	ly filed with the Florida Dept. of S	tate)	
P12000092493			_
(Document Number	r of Corporation (if known)		-
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Co</i>	prporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:		
	·		_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A profession	or "incorporated" or the a onal corporation name must	bbreviation contain the
B. Enter new principal office address, if applica	able:		
(Principal office address MUST BE A STREET A	ADDRESS)		
			- 📆 👂
			25 =
C. Enter new mailing address if applicables			الم حد الم
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		55 % 0
			12 MOV 26 PM 12: 32
	<u></u>	<u> </u>	₹a. ⁄>
			_
D. If amending the registered agent and/or reginew registered agent and/or the new register		nter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
, 10 N 110g. 110 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1	(City)	(Zip Code)	-
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ages	Registered Agent:	he abligations of the position	
I hereby accept the appointment as registered ages	wiii juiiii iii ii iii uiiu uveepi ii	to the game of the position.	
	of New Registered Agent, if changing		
Signature o	ij ivew kegisierea Ageni, ij changing	5	

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 <math>PTD.

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

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	Hemi Project, LLC	10131 SW 139th ST
✓ Add			Miami, Fl.
Remove			33176
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) ado	ption: November 1, 2012
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appro- must be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
_{Dated} Novemb	per 21, 2012
Signature	
	ector, president or other officer) if directors or officers have not been
	by an incorporator - if in the hands of a receiver, trustee, or other court
appointed	fiduciary by that fiduciary)
Е	Eusebe Juarez
	(Typed or printed name of person signing)
F	President
-	(Title of person signing)