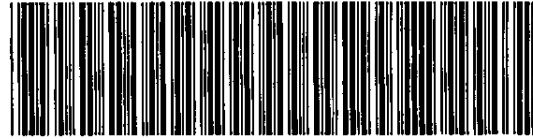


P16000080691



800291819408

11/22/16--01014--013 **43.75

S. TALLENT
NOV 23 2016

AMEND

FILED
16 NOV 21 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2016

NATASA ELIAS
SOFLO DISTRIBUTOR, INC.
11570 NW 83RD WAY
DORAL, FL 33178

SUBJECT: SOFLO DISTRIBUTOR, INC.
Ref. Number: P16000080691

We have received your document for SOFLO DISTRIBUTOR, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 116A00023029

16 NOV 21 PM 1:48
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SoFlo Distributor, Inc.

DOCUMENT NUMBER: PI6000080691

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natasa Elias
Name of Contact Person

SoFlo Distributor, Inc.
Firm/ Company

11570 NW 83rd Way
Address

Doral, FL 33178
City/ State and Zip Code

soflodistributor@gmail.com
E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Natasa Elias at (305) 588-4043
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate 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)

RECEIVED
 16 OCT 24 PM 4:25
 DEPARTMENT OF CORPORATIONS
 DIVISION OF CORPORATIONS

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

SoFlo Distributor, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000080691

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

7825 NW 29th Street
Ste 105
Doral, FL 33122

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7825 NW 29th Street
Ste 105
Doral, FL 33122

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED
16 NOV 21 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>V</u>	<u>Horacio Martin Bustos</u>	<u>2932 NW 99 Place</u>
<input checked="" type="checkbox"/> Add		<u>Horacio Martin Bustos</u>	<u>Doral, Fl. 33172</u>
<input type="checkbox"/> Remove			<u>33172</u>
			<u>2932 NW 99 Place</u>
			<u>Doral, Fl 33172</u>
2) <input checked="" type="checkbox"/> Change	<u>DS</u>	<u>Natasa Elias</u>	<u>11570 NW 83rd Way</u>
<input type="checkbox"/> Add			<u>Doral, Fl. 33178</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

The structure of the corporation assumes that all profits, liability and management duties are equally divided among the president and vice president.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The number of shares of stock the corporation has to issue, will be divided 50/50 between the president and the vice president of the company.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 10/18/2016
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

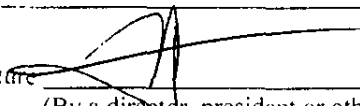
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/18/2016

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Natasa Elias

(Typed or printed name of person signing)

Director/Secretary

(Title of person signing)