422369

•		
(R	equestor's Name)	
(Ad	ddress)	
	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE, ELECTRICA



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: R. M. Dist	ributors, I	nc.	
DOCUMENT NUMB	ER: 422369			and the second
	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the followin	ıg:	
	Gustavo Vega			
•	<u> </u>	Name of Conta	act Person	
	R. M. Distributors, Inc.			
•		Firm/ Com	npany	
	7050 SW 4th St	reet		•
•		Addres	SS	
	Miami, Florida 3	3144		
•		City/ State and	Zip Code	
ave	ga@rm-distribu	tors com		
940	E-mail address: (to be use		al report no	otification)
	concerning this matter, please		205	261 4905
Gustavo Vega		at (305	261-4895
Name o	f Contact Person		Area Code	& Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Flor	rida Departi	ment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	=\$43.75 Filing Certified Cop (Additional co enclosed)	y Y	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314		Division Clifton B 2661 Exe	ent Section of Corporations

Articles of Amendment to Articles of Incorporation of

H. W. DISTIDUTORS, INC.	
(Name of Corporation as currently filed	d with the Florida Dept. of State)
422369	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	ocration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the abo	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. 16. N. A. L. A. M. C.	J-fC-, adduced in Florida anton the name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Manus of Nau Bacintoned Agent	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent: am familiar with and accept the obligations of the position.
т негеоу ассерт те арронитет аз гедзяетей адет. Та	an jumma wan unu uccepi me oonganons oj me posmen.
Signature of Mou	Registered Agent, if changing
Signature of New	Registered Agent, tj 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 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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>D</u>	Rinerio Cairo	5630 SW 108th Place
Add			Miami, Florida
X Remove			
2) Change	D	Eduardo M. Ruiz	3200 NW 17th Street
Add			Miami, Florida
X Remove			
3) Change	<u>D</u>	Miguel S. Gutierrez	5961 SW 19th Street
Add			Miami, Florida
X Remove			
4) Change	Р	Gustavo Vega	7050 SW 4th Street
X Add			Miami, Florida
Remove			
5) Change	V	Javier Vega	7050 SW 4th Street
X Add			Miami, Florida
Remove	•		
O CI			
6) Change			
Add			
Remove			

Attach <i>addition</i>	adding additional Ar al sheets, if necessary).	. (Be specific)			
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				. <u> </u>	
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				<u> </u>	
		<u> </u>			
<u>provisions for </u>	nt provides for an exc implementing the amo licable, indicate N/A)	hange, reclassific endment if not co	cation, or cancell ontained in the a	ation of issued sl mendment itself:	nares,
					
			-	<u>-</u>	
					
			v r .,		·
· .					-

The date of each amendment(s) adoption: June 17, 2013
Effective date if applicable: June 17, 2013
(no more than 90 days after amendment file date)
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 June 17, 2013
Signature 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)
Gustavo Vega
(Typed or printed name of person signing)
President
(Title of person signing)