LC3000037495

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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

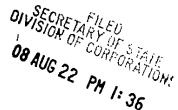
TO: Registration Section Division of Corporations	1 .
SUBJECT: DH Distributors & Purveyors LLC (Name of Limited Liability Company)	
(. and of 2. med 2. bothly company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Adria Cabrera (Name of Person) DH Distributors a Purveyors (Firm/Company)	-
8750 NW 99 Street	_
(Address) Miami, Florida 33178 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Adria Cabrera at (305)863-0267 (Name of Person) (Area Code & Daytime Telephone Num.	ber)
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy onal 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OM Distr. butors And Purveyors, LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-01-2003 and assigned Florida document number L0300037495

ma onter the new neme of the limited liability company here:

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the minit	a nabinty company nere	•
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offises address, if applicable:		
(Principal office address MUST-BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on o	ur records, enter the name of the new
registered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:		
New Registere Street Address.	(En	ter Florida street address)
·		Florida
	(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 608, 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.

'If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title | **Address** Type of Action <u>Name</u> MGR Morillo, Guillermo Add 🗖 Remove _ Add ☐ Remove 🗂 Add 🗖 Remove ☐ Add ☐ Remove ſ**□** Add Remove ┌ Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 8-20 Signature of a member authorized representative of a member Jacobo Luid VinosKy
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00