

L05000022680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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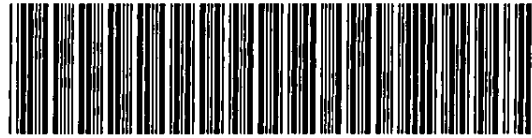
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MER Distributors, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria E. Rodriguez

(Name of Person)

(Firm/Company)

1224 Taylor Street

(Address)

Hollywood, FL 33019

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria E. Rodriguez

(Name of Person)

at ( 954 ) 214-4272

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee.  
Certificate of Status &  
Certified Copy  
(additional 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**

MER Distributors, LLC

(Present Name)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR -9 PM 2:06

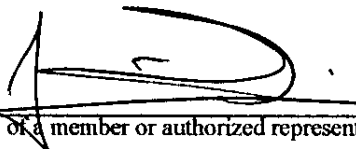
**FIRST:** The Articles of Organization were filed on 03/07/05 and assigned  
document number L05000022680.

**SECOND:** This amendment is submitted to amend the following:

To remove Pedro Rodriguez and add Joel Molina. I Joel Molina am familiar with  
the position I am being appointed to. I accept this position that I am being  
appointed to.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 4, 2007.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Joel Molina

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**