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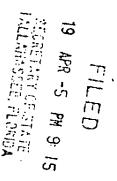
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SUBIFC	rr.	Suma Distr	ibutors, LLC						
SUBJEC	.1;	T: Name of Limited Liability Company							
The enclo	osed	Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please rei	turn	all correspo	ndence concerning this matter	to the following:					
			Yael Ostrowicz						
			Suma Distributors, LLC	Name of Person					
			10850 NW 21 Street, Suite	Firm/Company 230					
			Miami, Florida 33172	Address					
			accounting2@sumadistribut	City/State and Zip Code tors.com					
_				to be used for future annual report notific	ration)				
For furthe	er int	formation co	oncerning this matter, please co	all:					
Yael Ostr	rowi			at () 470-9429 (ext. Area Code Daytime	. 208)				
		Name of	Person	Area Code Daytime	Telephone Number				
Enclosed	is a	check for th	e following amount:						
\$25.0	0 Fil	ing 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:

TO:

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

Suma Distributors, 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 09/08/2005 ____ and assigned Florida document number L05000088717 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 10850 NW 21 Street, Suite 230 New Registered Office Address: Enter Florida street address Miami

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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MCD	Pablo Ostrowicz	10850 NW 21 Street, Suite 230	
MGR			□ Add
		Miami, Florida 33172	
			☐ Remove
	Marchelo Biondi	10850 NW 21 Street, Suite 230	
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		Miami, Florida 33172	
			□ Remove
			■ Change
	Pablo D Ostrowicz	10850 NW 21 Street, Suite 230	
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	Signature of a member	r or authorized repr	esentative or a member		
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