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COVER LETTER

TO:

TO:	Registration S Division of Co					
SURIE	PURO CUENTO ENTERPRISES LLC					
Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Gabriel Rakower Name of Person			
,		Puro	Cuento Enterprises, LLC).		
		34	Firm/Company 850 Fern Forest Road			
	Address					
	Cooper City, FI 33026 City/State and Zip Code					
		E-mail address: (rakower@gmail.com to be used for future annual report r	notification)		
For fur	ther information	concerning this matter, please of		,		
		briel Rakower	at (954)	643 8729		
	Manie	oi reison	Area Code & Da	unie Telephone Number		
Enclos	ed is a check for t	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURO CUENTO ENTERPRISES LIC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 1/19/2006 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L06000006973 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMERICABLE DISTRIBUTORS LLC. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: New Registered Office Address: Enter Florida street address City 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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
trough the state of the state o			Add Remove
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			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
	December 10 , 200	09	PIL 09 DEC 16 SECRETARY SECRETARY
	Ga	or authorized representative of a member abriel Rakower or printed name of signee	AN SO LI

Page 2 of 2

Filing Fee: \$25.00