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M. THOMAS MAR - 6 2009 EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ACQUA	ALIVE DISTRIBUTO	DRS, L.L.C.	
	(Name of Limit	ned Elabinity Company)	
	Amendment and fee(s) are sub	-	
	ANTHONY L. TRULLEN	QUE	
		(Name of Person)	
	A & T ACCOUNTING AN	ID TAX SERVICE, INC.	0
	**************************************	(Firm/Company)	FE 9 FE
	7098 BONITA DRIVE		09 MAR -5 AM M: 04 SECRETARY OF STATE TALLAHASSEE FLORID
		(Address)	SEF OF E
	MIAMI BEACH, FLORIDA		FEO.
		(City/State and Zip Code)	
For further information co	oncerning this matter, please co	all:	
ANTHONY L. TRULLER	NQUE	at (305) 868-3363	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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

ACQUALIVE DISTRIBUTORS, L.L.C.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JUNE 20TH, 2006	and assigned
Florida document number L06000062507		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	0
CRC DISTRIBUTORS, L.L.C.		LLC" or the abbreviation
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	7760 WEST 20TH AVENUE #02	S 22 3
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FLORIDA 33016	SET OF SET
		D'
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street aa	ldress)
	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

Title Name Address Type	
	of Action
	d move
Ad Res	d move
	move
	09 MAR -5
	HH. STEER
Add	i nove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated MARCH 01 , 2009 . Signature of a member or authorized representative of a member	
IVAN CARTA Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00