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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| (Crynolate Light Hone II) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
| Certified copies |
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| Special Instructions to Filing Officer: |
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| 30000 1. <u>3200 300 1</u> | RIBUTORS GROUP II LLC Name of Lin | nited Liability Company | |
|-------------------------------|---|---|---|
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Luis Kellemen | | |
| | | Name of Person | |
| | ZEN DISTRIBUTORS G | ROUP II LLC Firm/Company | |
| | 2047 NW 24th Avenue | Address | |
| | Miami, Florida 33142 | City/State and Zip Code | |
| | briclaw1@gmail.com E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | all: | |
| Luis Kellemen | | at (305) 905-8105 | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for th | ne 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 Addres Registration 5 | s: | <u>Street Address:</u> Registration Sec | ation |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Lin | ited Liability Comp (A Florida Limited | any as it now appears on our record Liability Company) | <u>ds.</u>) |
|--|---|---|--------------------------------|
| The Articles of Organization for this Limited | Liability Company | were filed on 06/20/2007 | and assigned |
| Florida document number L07000064701 | | | |
| This amendment is submitted to amend the fo | llowing: | | |
| A. If amending name, enter the new name | of the limited liab | oility company here: | · |
| N/A_ | | | |
| N/A The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | 2047 NW 24th Avenue | |
| (Principal office address MUST BE A STREET ADDRESS) | | Miami, Florida 33142 | |
| | | | <u> </u> |
| Enter new mailing address, if applicable: | | 2047 NW 24th Avenue | 2020 DEC |
| Mailing address MAY BE A POST OFFICE | EBON) | Miami, Florida 33142 | DEC H |
| | | | = = = |
| 3. If amending the registered agent and/or gent and/or the new registered office addr | registered office : ess here: | address on our records, <u>enter</u> | the name of the new regist |
| | | | 19 |
| Name of New Registered Agent: | Same Registere | ed Agent- Just new address | |
| New Registered Office Address: | 2047 NW 24th | | |
| | | Enter Florida street addres | .x |
| | Miami | | orida <u>33142</u> |
| | | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

ZEN DISTRIBUTORS GROUP ILLLC

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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|-----------------------|-------------------------|
| MGR | Luis Manuel Kellemen | 2047 NW 24th Avenue | □Add |
| | | Miami, Florida, 33142 | □Remove |
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| fective date, if other than to a reflective date is listed, the date interest in this cument's effective date on the | must be specific and block does not a | d cannot be prior neet the applica | to date of filing or m ible statutory filin | ore than 90 days aft | tional) er filing.) Pursuant to 605.0; nis date will not be listed |
| ecord specifies a delayed effectis filed. | tive date, but no | t an effective til | me, at 12:01 a.m. | on the earlier of: (| (b) The 90th day after t |
| ted December 8th | | . <u>2020</u> | -: | 1 | |
| | Signature of a | member or autho | med representative | org member | |
| | | , , | | | |

Filing Fee: \$25.00