L0700093182

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EXAMINER



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COVER LETTER

TO:	Registration So Division of Cou		, j	,
SUBJE	CT: FL Dist	ribution Company L (Name of Lim	LC ited Liability Company)	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please i	eturn all correspo	ondence concerning this matter	to the following:	
		Luis E. Macias		
			(Name of Person)	
		FL Distribution Company	LLC	
			(Firm/Company)	
		900 SW 8 St Apt. # 1506		
			(Address)	
		Miami, FL 33130		
			(City/State and Zip Code)	
For furt	her information c	oncerning this matter, please c	all:	
Luis E.	Macias		at (305) 230-3010	
	(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclose	d 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)	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



FL Distribution Company 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 Con	npany were filed on 09/12/2007	and assigned	
Florida document number L07000093182			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the design	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:	8398 NW 70 St		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33166		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		enter the name of the new	
Name of New Registered Agent:		·	
New Registered Office Address:			
	(Enter Florida street address)		
	, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Frank Orosa	10040 SW 47 St. Miami, FL 33136	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
_			
			
Dated		·	
	42		
		er or authorized representative of a member	
	Luis E. Macias	t or printed name of signee	

Typed or printed name of signee

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Filing Fee: \$25.00