

L08000094975

03/16/2018 12:16 9543611637

SALVER AND COOK

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Account Number : I20020000087
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NLA DISTRIBUTION, LLC

Certificate of Status	1
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J. LEGGETT
MAR 19 2018

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NLA DISTRIBUTION, LLC

(Name of the Limited Liability Company as known and doing business as)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/7/2008 and assigned
Florida document number L0800094975

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 "Ltd. Co."

Enter new principal office 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

Florida

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 obligations with and
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. 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:

Page 2 of 2

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

Title	Name	Address	Type of Action
MGR	FERNANDEZ, YANET	2721 EXECUTIVE PARK DR.	☐ Add
		SUITE 4	☒ Remove
		WESTON, FL 33331	☐ Change
MGR	SOBRINO, JAVIER	2255 BEACHES RD.	☒ Add
		SUITE 324A & 319A	☐ Remove
		BOCA RATON, FL 33431	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated ☒ 3/16/2018

☒

Signature of a member or authorized representative of a member

☒ Javier Sobrino

Typed or printed name of signer

18 FEB 16 PM 10:35