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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporati	ons			
SUBJECT: Amazon	Rainforest Distributors L.L.C. (Name of Limited Liability Company)			
The enclosed Articles of Amend	dment and fee(s) are submitted for filing.			
Please return all correspondence	e concerning this matter to the following:			
_	Wester Ball (Name of Person)			
	Amazon Rainforest Distributors LLC (Firm/Company)			
P.O BOX 35231 (Address)				
St. P. etersburg FL 33705				
	(City/State and Zip Code)			
For further information concerning this matter, please call:				
Wesley Ball (Name of Perso	at (737) 543 8954 (Area Code & Daytime Telephone)	Number)		
Enclosed is a check for the follo	owing amount:			
	Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)		

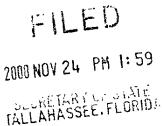
MAILING ADDRESS:

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**



1

Amazon Rainforest I (Name of the Limited Liability Compa (A Florida Limited	distributors LLa	(ALLAIIAGE	
(A Florida Limited	Liability Company)	ir recorus.)	
The Articles of Organization for this Limited Liability Company	were filed on $u/19$	2008 and assigned	
Florida document number L08000107905			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
W/A			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	NA	10.1	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	1/14-		
(Mailing address MAY BE A POST OFFICE BOX)	V / / 1		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, enter the name of the new	
Name of New Registered Agent: W/A			
New Registered Office Address:			
	(Enter Florida street address)		
		, Florida(Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		

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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** Title **Address** Name 11064 W.W. Dempsey Barron Rd Bristal, FL 32321 Hoover Santos MGRM Remove ☐ Add ☐ Remove 🗂 Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 20, 2008. Signature of a)member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00