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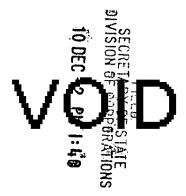
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Consideration As Filling Officer				
Special Instructions to Filing Officer:				





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T. HAMPTON

DEC - 3 2010

EXAMPLER

COVER LETTER

	tion Section of Corporations				
SUBJECT:	Cala Distributions, LLC				
SUBJECT;	Name of Limited Liability Company				
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.				
Pleasé réturn all c	orrespondence, concerning this matter to the following:				
	Alfredo D. Xiques: Name of Person				
Eduardo Jose Garcia, P.A. Firm/Company					
2950 SW 27th Avenue, Suite 300					
Address					
	Miami, Florida 33133				
	City/State and Zip Code				
	axiques@rptgfla.com E-mail address: (to be used for future annual report notification)				
For further inform	nation concerning this matter, please call:				
	Alfredo D. Xiques at (305) 358-4800 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a chec	ck for the following amount:				
\$25.00 Filing	Fee \$\int_\$30.00 Filing Fee & \$\int_\$\$55.00 Filing Fee & \$\int_\$\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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 SECRETARY OF SOME TO BIVISION OF TO PORATION OF OUT OR ARTICLES OF ORGANIZATION DEC 12 PM 1:46

	Cala Distribution, LLC		
(<u>Name of the Limited</u>	I Liability Company as it now appea A Florida Limited Liability Company)	ars on our records.)	
•			
The Articles of Organization for this Limited L	iability Company were filed on	12/05/2008	and assigned
Florida document numberL0800011	1903		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	oany," the designation "l	LC" or the abbreviatio
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, enter t	the name of the nev
Name of New Registered Agent:		AL	
New Registered Office Address:	<u></u>	nter Florida street ada	· ·
	E	nier-r ioriaa Sireet ada	ress
		, Florida	
	City		Zip Cöde

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 Changing Registered Agent, Signature of New Registered Agent

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 = 7	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR.	E. David Bensadon	1200 Brickell Avenue, Suite 1700 Miami, Florida 33131	Add Remove
MGR	Daniel Toledano	1200 Brickell Avenue, Suite 1700 Miami, Florida 33131	Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
	<u> </u>	, ————————————————————————————————————	Add Remove
D. If amen	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.	
			SECRETARY OF SORP
Dated	November 16	2010	STATE GRATION
	Signatura of a ma	mber of authorized representative of a member	
	Signature of a me	Pedro Salcedo	
	Ĩ	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00