L08000111903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

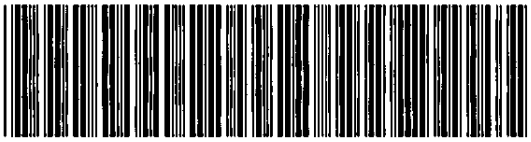
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2014 MAY 20 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 28 2014

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May 16, 2014

Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6945

Registration Section,

As per our conversation earlier today, I am submitting the form to amend the Articles of Organization for the following Florida Limited Liability Company:

- Cala Distribution, LLC Document # L08000111903

As you advised, you will find one money order to cover the required fee(s).

- Money Order # 22016082532 i/a/o $25.00 (Filing Fee)

As follows, please be so kind to forward the certified copy to us, using the prepaid ID enclosed FedEx envelope, to the following address:

IBT- Group LLC
1200 Brickell Avenue, Suite 1700
Miami, Florida 33131

Thank you in advance,

Lizeth Prado
Legal Coordinator

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Cala Distribution, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandra Alcala
Name of Person

IBT Group, LLC
Firm/Company

1200 Brickell Avenue, Suite 1700
Address

Miami, Florida 33131
City/State and Zip Code

alexandra.alcala@ibtgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Alcala at (305) 358-5055
Name of Person — Area Code — Daytime Telephone Number

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Enclosed is a check for the 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 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

Cala Distribution, 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 Company were filed on 12/05/2008 and assigned Florida document number L08000111903.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1200 Brickell Avenue
Suite 1700
Miami, FL 33131

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1200 Brickell Avenue
Suite 1700
Miami, FL 33131

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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: Juan T. O'Naghten

New Registered Office Address: 2950 SW 27TH Avenue, Suite 300
Enter Florida street address

MIAMI, **Florida** 33133
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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Pedro Salcedo	2709 NW 109 Avenue Doral, Florida 33172	☐ Add ■ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 16 2014.

Signature of a member or authorized representative of a member

Alexandra Alcala

Typed or printed name of signee

2014 MAY 20 AM 10:23

Filing Fee: $25.00