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SECRETARY OF STATE

D. BRUCE
MAY 1 1 2009
EXAMINER

COVER LETTER TO: **Registration Section Division of Corporations** NUWAY DISTRIBUTORS, LLI 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: NOORUDDIN LALANI Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

\$55.00 Filing Fee &

(additional copy is enclosed)

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MAILING ADDRESS:

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Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

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(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	
	70 2009
The Articles of Organization for this Limited Liability Company were filed on MANUARY	and assigned
Florida document number <u>L09000008927</u> .	,
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 de-	signation "LLC" or the abbreviation
"L.L.C."	09 I
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ASS
	mo z m
	F S J
Enter new mailing address, if applicable:	ORITO 22
(Mailing address MAY BE A POST OFFICE BOX)	DE 2
B. If amending the registered agent and/or registered office address on our record	ds, 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
	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 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 = Managing Member Title Name **Address** Type of Action SHAREEF, MOHAMMED A MGRM ☐ 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) MAY 5, 2.009

NOORUDDIN LALANI

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00