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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	DISTRIBUTORS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	ROBERT M LIVINGSTO	N		
	<u></u>	Name of Person		
	SCIKRON DISTRIBUTO	RS L.L.C.		
		Firm/Company	<del></del>	
	2091 SW 195TH AVE			
		Address		
	MIRAMAR FL 33029			
		City/State and Zip Code		
	infoscikrondis@gmail.com			
	E-mail address: (	to be used for future annual report not	ification)	
For further information co	oncerning this matter, please ca	all:		
ROBERT M LIVINGSTO	ON	786 376-6465		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	e 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		Street Address:	action	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	•		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCIKRON DISTRIBUTORS LLC	<u></u>
(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) ly Company)
The Articles of Organization for this Limited Liability Company were	filed on $\frac{03/22/2011}{}$ and assigned
Florida document number L09000096339	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	:ompany here:
SCIKRON TRADING LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices 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)	<u>(</u> 2 ()
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	- 10
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Florido
	Florida Zin 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<del></del>	Петюче
			[]Change
			\ \_Add
		<del></del>	Remove
			□Change
		<del></del>	
		<del></del>	□Remove
			□Remove
		<u></u>	Change
		<del></del>	
			□Change

Effective date, If other than the date of filing:		
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Filing Fee: \$25.00