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J. SAULSBERRY EXAMINER NOV 1 7 2011

COVER LETTER

TO:	Registration S Division of Co					
SURII	ECT:	DISTINCTION SERVICES, LLC				
50.00						
		f Amendment and fee(s) are sul	-			
Please	return all corresp	ondence concerning this matter	r to the following:			
		MAURICIO MELARA				
		-	Name of Person			
		DISTI	DISTINCTION SERVICES, LLC			
			Firm/Company			
	625 NE 11TH AVE.					
			Address			
		2911 SE				
			City/State and Zip Code	CARE 1		
		MAURICI E-mail address: (MAURICIOMELARA03@YAHOO.COM E-mail address: (to be used for future annual report notification)			
For fu	rther information	concerning this matter, please	•	2011 NOV 16 AM 8: 1 SECRETARY OF STATI TALLAHASSEE, FLORI		
	BARE	BRA R. JOYNER	at (407) 928-3766	STAT LORRIS		
		of Person	Area Code & Daytime Telephone 1			
Enclos	ed is a check for	the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)		
	Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER ADDRI Registration Section Division of Corporations	ess:		

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTING	CHON S	ERVICES, L	LU		
(<u>Name of the Limited Lial</u> (A Flor	rida Limited L	iability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document number		were filed on	MAY 10, 2010	and assign	ied
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limi	ted Liability Comp	any," the designation '	"LLC" or the abb	reviation
Enter new principal offices address, if applicable:		625 NE 11TH AVE.			
(Principal office address MUST BE A STREET ADDRESS)		POMPANO E	BEACH, FL 3306	6 6 0 36	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		625 NE 11TH POMPANO E	HAVE. BEACH, FL 3306	NOV 16 AM S	
·				OR DE 8	
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>enter</u>	the name or t	he nev
Name of New Registered Agent: Wayra Gonzale 2, Esq. New Registered Office Address: 3550 Bixayre Blvd. Suite 51 Enter Florida street address					
		En	nter Florida street aa	ldress	<u> </u>
_	Mic	City	, Florida _	33137 Zip:Code	<u>′</u>
Non-Build and A. Cl. 1. (6.1. I. D. I.	4	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 hidress, I hereby confirm that the limited liability company has been notified in writing of this change.

If Charging Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 **Type of Action** Title Title <u>Name</u> **Address** BARBRA R. JOYNER MGRM 1470 E. MICHIGAN ST ☐ Add ✓ Remove ORLANDO, FL. 32806 MAURICIO MELARA MGRM **625 NE 11TH AVE** Add Add Remove POMPANO BEACH, FL. 33060 ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated . Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00