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J. BRYAN

AUG 1 9 2011

EXAMINER

COVER LETTER X 1. 42

TO:

TO:	Registration S Division of Co						
SUBJE	ECT:	BNB DIST	RIBUTION, LLC				
			ted Liability Company		•		
The en	closed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			Kaari Gagnon, Esq.				
			Name of Person				
		Zarco, Eir	horn, Salkowski & Br	ito, P.A.	•		
			Firm/Company		_		
	100 S.E. 2nd Street, Suite 2700		S				
	Address				ECR	1	1 -1
			Miami, FL 33131		HAS	AUG 18	
			City/State and Zip Code		- SEE		1 1
		kga	gnon@zarcolaw.com	ı)F S	2	
			o be used for future annual repo	ort notification)	OR!	1:2	
For fur	ther information	concerning this matter, please ca	all:		£	6 0	
	K	aari Gagnon	at (305)	374-5418			
	Name o	of Person	Area Code &	Daytime Telephone Numb	er		
Enclose	ed is a check for t	he following amount:					
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	closed) Certifie	iling Fee, cate of Stated Copy onal copy i		osed)
	Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations ox 6327	Registration Division of Clifton Buil	Corporations ding			
Tallahassee, FL 32314		2661 Executive Center Circle					

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BNB DISTRIBUTION, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL10000074065	were filed on	7/14/2010	and assigned	
This amendment is submitted to amend the following:			MIG 18 PA	
A. If amending name, enter the new name of the limited liab	ility company here:		F STATE	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company,	" the designation	"LLC" or the abbreviatio	
Enter new principal offices address, if applicable:	318 South U.S.	Highway 1		
(Principal office address MUST BE A STREET ADDRESS)	Suite 210			
	Jupiter, FL 3347	77		
Enter new mailing address, if applicable:	318 South U.S.	Highway 1		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 210			
	Jupiter, FL 3347	77	<u></u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, ente	r the name of the nev	
Name of New Registered Agent:			·	
New Registered Office Address:	Fratav	Florida streat e	ndduana	
	Enter Florida street address			
	City	, Florida _.	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ronald Garcia	1766 Bay Road	Add
		Miami Beach, FL 33139	
			Add
			Remove
			Add Remove
			Add Remove
			——————————————————————————————————————
			Add Remove
			Add
,			Remove
D. If amend	ding any other information, e	nter change(s) here: (Attach additional sheets	s, if necessary.)
		· · · · · · · · · · · · · · · · · · ·	
			HASS
			RY OF STA
Dated	July 29	, <u>2011</u> .	H 1:28 F STATE FLORIDA
	Signature o	f a member or authorized representative of a mem	,-
		Tony Hannan	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00