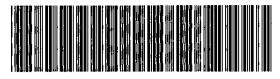
L10000122846

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
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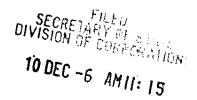
TO: Registration Division of C		•				
SUBJECT:	A&D ALL AMERIC	CAN DISTRIBUTION, LL	С			
		ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	oondence concerning this matte	r to the following:				
		Jose Cruz				
		Name of Person				
	JC Acc	counting & Consulting Svcs				
		Firm/Company				
		1230 Astorwood Ct				
		Address				
	Altai	monte Springs, FL 32714				
	City/State and Zip Code					
	jCa E-mail address: (accounting@cfl.rr.com to be used for future annual report notifies	ntion)			
For further information	concerning this matter, please of					
	Jose Cruz	at (407) 4	94-8170			
Name	of Person	Area Code & Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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



A&D ALL AMERICA	<u>N DISTRIBU</u>	TION, LLC
(<u>Name of the Limited Liability Con</u> (A Florida Limite	ad Liability Compar	pears on our records.)
The Articles of Organization for this Limited Liability Compa Florida document numberL10000122846	any were filed on _	11/30/2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company	<u>here</u> :
A&D ALL AMERICAN	I DISTRIBUTO	RS, LLC
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Co	mpany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address o <u>nere</u> :	n our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and con	gree to act in this nplete performan	s capacity. I further agree to comply with ce of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Name	Address	Type of Action
			Add Remove '
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF CORE DIVISION OF CORE 10 DEC -6 AF
			ا الله عاقص
 Dated	· ,		- 15 OF STATE

Page 2 of 2

Filing Fee: \$25.00