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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

T. CLINE

APR 1 6 2012

**EXAMINER** 

UV 9353

## **COVER LETTER**

Division of Cor	porations:			
SUBJECT:	Judka Oi.	stributors,"LL ( ted Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
.e.	Pe	Prssy Judha Name of Person Lua Distribu Firm/Company	tors, "LLC"	
	2245 Miani	Firm/Company  SW 16 + er  Address  Clty/State and Zip Code  KA & Yahoo . Co  to be used for future annual report notifical  sall:	2812 TOPR 1	Barrel 1000 1000 (1000)
For further information c	E-mail address: (to oncerning this matter, please of	City/State and Zip Code  Compared to be used for future annual report notifical	Y OF STATE FLORIB	C
<b>^</b>	• •			
Name o	OvauA f Person	at (786) 378-2 Area Code & Daytime T	Pelephone Number	
Enclosed is a check for th	ne following amount:  \$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	l)

TO:

**Registration Section** 

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

and the state of the

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

Judha C	listributors,	LLC
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on ou Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Florida document number <u>410000</u> 938	Company were filed on 8 – 65.3	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
126 reen La The new name must be distinguishable and end with the w	ndscape, Wi	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," th	ALEC:
Enter new principal offices address, if applicable:		AR T
(Principal office address MUST BE A STREET ADD	RESS)	SAR TO
		Fig. 7 M
		LOR STAI
Enter new mailing address, if applicable:		9F 5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		7.7
	Enter Flo	rida 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 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 Address** Title Name MGRM Perssy Judka ∏Add Remove ☐ Add Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00