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4/1/2016

FAX No.

P. 1/001

Division of Corporations

Florida Department of State

Division of Corporations

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DISTRIBUCION AREA DEL NORTE C.A. LLC**

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTRIBUCION AREA DEL NORTE C.A. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/04/2012 and assigned
Florida document number L12000060513.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DISTRIBUCION AEREA DEL NORTE C.A. LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

20533 BISCAYNE BLV #4

(Principal office address **MUST BE A STREET ADDRESS**)

AVENTURA, FL 33180

Enter new mailing address, if applicable:

20533 BISCAYNE BLV #4

(Mailing address **MAY BE A POST OFFICE BOX**)

AVENTURA, FL 33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	JUAN NOGUERA	Urb La Paz calle Libertador	<input type="checkbox"/> Add
		Con Ayacucho	<input checked="" type="checkbox"/> Remove
		Caracas MI 1080, XX VE	<input type="checkbox"/> Change
MGR	Orleana Gonzalez La Rosa	20533 Biscayne Blv #4,	<input type="checkbox"/> Add
		Aventura Fl. 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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Dated: MARCH 30 2016

Signature of a member or authorized representative of a member

Orleans Gonzalez La Rosa

Typed or printed name of signer