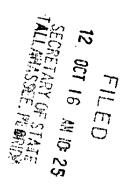
# 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
OCT 1 7 2012 OCT 1 7 2012 S. TONER
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2012

FREDDY A. BETANCES 6777 CROOHED PALM LANE MIAMI LAKES, FL 33014

SUBJECT: JERUSELAM DISTRIBUTOR LLC

Ref. Number: L12000120579

We have received your document for JERUSELAM DISTRIBUTOR LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner Senior Section Administrator

Letter Number: 012A00024544

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jeruselam Distributor LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
riease return an correspondence concerning this matter to the following:
Freddy A. Betances
Firm/Company
6777 Crooked Palm Lane
Miami Lahrs FL, 33014 City/State and Zip Code
City/State and Zip Code  Fbctoncestoods @ 49hoo.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Freddy A. Betances at (786) 838 - 7477  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution}\$\$\ \text{Solution}\$\$\ \text{Certificate of Status}\$\$\$ \text{Certified Copy} \ \text{(additional copy is enclosed)}\$\$\$ \text{Certified Copy} \ \text{(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

FILED

12 OCT 16 AH 10 21

	OI .	12 OCT 16 11 10
Jerusclam D	ictibular 110	SECRETARY OF THE
(Name of the Limited	Liability Company as it now appears on Florida Limited Liability Company)	SECRETARY OF STATE OUT TOO STATE OUT TOO STATE OUT TOO STATE
(A		。 。 。 。 。 。 。 。 。 。 。 。 。 。 。 。 。 。 。
The Articles of Organization for this Limited Lia	ability Company were filed on	0 - 12 and assigned
Florida document number L 120001	10/19	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Jerysalem Distrib		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
T. ( 24 ) ) ( 4 ) ) ( 4		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/o	r registered office address on our r	ecords, enter the name of the new
registered agent and/or the new registered off	ice address here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			<b>—</b> —
	<del></del>		Remove
). If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if no	
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Dated	D. Am	(a) A)	

Page 2 of 2

Filing Fee: \$25.00