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JUN 0 6 2013 D. BRUCE

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Neuslu Distributors 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:
Hugo Dis 7 Name of Person
Neushu Dristributors LLC Firm/Company
202 SU 15 terrace Address
Itomestead F1 33030 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Hugo Dicz at (786) 972-2823 Image: Property of the following amount: Area Code & Daytime Telephone Number Image: Property of the following amount: Image: Property of
\sim /
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$ 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

Neushu I	Distributors LL	<u> </u>
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on corida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on	06/2013 and assigned
Florida document number <u>L13000019</u>	375	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with th 'L.L.C."	e words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		£ 120
Enter new mailing address, if applicable:		The state of the s
(Mailing address MAY BE A POST OFFICE BO	<i>X</i>)	
		E
	-	နိုင္သံ မ
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our r <u>address here</u> :	ecords, enter the name of the new
	,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fi	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 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	Hugo Diaz	202 SW 15 terrace	Add
	. ()	202 SW 15 terrace Homestead, Fl 33030	Remove
		· · · · · · · · · · · · · · · · · · ·	
			Add
			Remove
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			Remove
			Add
			Remove
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nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
May 31, 2013.
Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

