

L130000048494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

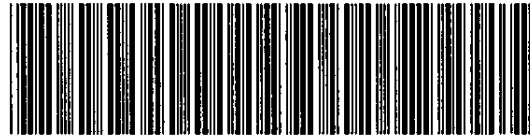
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF STATE
SOLICITORS FLORIDA

FILED

J. SAULSBERRY
EXAMINER
AUG 13 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: APONWAO 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:

DARIO ALVAREZ

Name of Person

ANDINO CONSULTING GROUP INC

Firm/Company

8421 S Orange Blossom Trail Ste 106

Address

Orlando, FL 32809-8242

City/State and Zip Code

dario@andinocg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dario Alvarez

Name of Person

407 376-2911

at ()

Area Code & Daytime Telephone Number

RECEIVED
REGISTRATION SECTION
DIVISION OF CORPORATIONS
FLORIDA

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211111

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$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)

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**

APONWAO DISTRIBUTORS 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 04/02/2013 and assigned Florida document number L13000048494.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable: _____

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

N/A

N/A

N/A

Enter new mailing address, if applicable: _____

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

N/A

N/A

N/A

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STATE OF FLORIDA

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: _____

N/A

New Registered Office Address: _____

N/A

Enter Florida street address

N/A

, Florida N/A

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

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	SIAJES INVESTMENT CORP	1220 NORTH HWY A 1 A STE 101	<input type="checkbox"/> Add
		INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Remove
		N/A	
MGRM	GOLOSO FOOD LLC	2986 LUCKY CIRCLE	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input type="checkbox"/> Remove
		N/A	
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input checked="" type="checkbox"/> Remove
		N/A	
N/A	N/A	N/A	<input checked="" type="checkbox"/> Add
		N/A	<input checked="" type="checkbox"/> Remove
		N/A	
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	

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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

N/A

N/A

N/A

N/A

Dated 07/26/2013

Signature of a member or authorized representative of a member

JOSE GIORDANO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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