# L13000124140

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### COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	NEX-XOS I	DISTRIBUTION LLC				
SUBJECT.	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		SAUL MISHKIN				
			Name of Person			
		NEX-XOS DISTRIBUTION	ON LLC	٠		
Firm/Company						
	1922 TIGERTAIL BLVD BUILDING 12					
			Address			
		DANIA BEACH, FL 330	004	4		
		· · · · · ·	City/State and Zip Code	200	2016 JUL 18	
		SAUL@NEX-XOS.COM			<u></u>	
		E-mail address: (	to be used for future annual report notif	fication)	<del>-</del>	,
For further in	nformation co	oncerning this matter, please ca	all:	<sup>ش ش</sup> بَــِوْنِهِ مِنْ	,	
SAUL MISH	HKIN		954 3170576 at ()	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	D ?:	
	Name of	f Person	Area Code Daytime	e Telephone Number	0	
Enclosed is a	a check for th	ne following amount:				
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &	

#### MAILING ADDRESS:

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**Registration Section** 

TO:

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

NEX-XOS DISTRIBUTION LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our related Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp.	pany were filed on	and assigned
This amendment is submitted to amend the following:		
orida document number L13000124140  It is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  If amending name, enter the new name of the limited liability company here:  It is amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Inter new mailing address, if applicable:  Inter new mailing address, if applicable:		
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>	720 20
		92.
Enter new mailing address, if applicable:	<del> </del>	
Mailing address MAY BE A POST OFFICE BOX)		
		<b>3</b> - <b>4</b>
		cords, enter the name of the new
egistered agent and/or the new registered office address	inci e.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	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 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>	Address	Type of Action
AMBR	SAUL MISHKIN	1922 TIGERTAIL BLV BLD. 12	_ □ Add
		DANIA BEACH FL 33004	Remove
			Change
AMBR	NEX-XOS WORLDWIDE LLC	1922 TIGERTAIL BLV, BLD 12	Add
		DANIA BEACH FL 33004	Remove
			☐ Change
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				07/00/17					
Effecti	ive date, if other the fective date is listed, the	than the date	of filing: _	07/08/16	a data of filing	or more than 00 d	_ (optional)	) Durguant to	S 605 031
Note:	If the date inserted	in this block do	es not mee	t the applica					
docum	ent's effective date	on the Departm	ent of State	e's records.				•	
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	cord specifies a 90th day after			e, but not	an enecu	e time, at 1	2.01 a.m.	on the e	arner (
Dated	07/11/2016		, _	_	<del></del> · .				
		<	- TX	LKIIN	144	<del>  W</del>	-		
			1		NAMM	ative of a member			_

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Typed or printed name of signee

Filing Fee: \$25.00