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SECRETARY OF STATE

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COVER LETTER

TO: Registration Division of C	Section Corporations		
	RIBUTION		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corre	spondence concerning this matter t	o the following:	
	Laurent-Alix Huguet		
		Name of Person	· ·-
	H4DISTRIBUTION		
		Firm/Company	
	1725 Park Lane South		
		Address	
	Jupiter, FL, 33458		
	lhuguet@h4distribution.con	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	all:	
Laurent-Alix Huguet		561 9356069 at ()	
Nan	ne of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	or 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

H4DISTRIBUTION LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited I Florida document number		were filed on November	13,2013	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the Enter new principal offices address, if appli		tity Company," the designation		riation "L.L.C."	
(Principal office address MUST BE A STRE.					0
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				N C	<u> </u>
Enter new mailing address, if applicable:					P.G. (F.E.) dest(0 de NolestAld
(Mailing address MAY BE A POST OFFICE BOX)					<u> </u>
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B. If amending the registered agent and registered agent and/or the new registered of			records, <u>enter the</u>	e name_of_the	<u>e Înev</u>
Name of New Registered Agent:	Daniel Brian Fo	oy			
New Registered Office Address:	1725 Park Land	2 South			
125 11 Jacques Villes Maries.		Enter Florida stree	t address		
	Jupiter		, 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	Daniel Brian F	1725 Pak Lane South	= Add
		Jupiter, FL., 33458	П 0
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an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D	ock does not meet the a	pplicable statut	ing or more than 90 ory filing requiren	days after filing.) Pursu nents, this date will n	ant to 605,020 of be listed a
e record specifies a delayed The 90th day after the rec		t not an effe	ctive time, at	12:01 a.m. on th	ie earlier (
June 7th	2018	Ą	• • •		
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Typed or printed name of signee

Filing Fee: \$25.00