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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future <ennual report mailings. Enter only one email address please.</pre>

9% LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DISTRIBUIDORA AGUILAMAR, LLC

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T. HAMPTON SEESSEE

12/6/2013 15/09/5013 0d:50

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTRIBUIDORA AGUILAM		
(Name of the Limited Li	ability Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liab		2.3. 26
Florida document number L13000166111	•	품질 (5)
This amendment is submitted to amend the following	ing:	-6 AH SSEELF
A. If amending name, enter the new name of th	e limited liability company here:	ος ος Ι Ος Ι
		€ # 5
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the desig	hation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e;	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X)	
•		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
_		rida
	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

Page 1 of 3

H13600Z680Z5.

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

Title Name Address Type of Action

MGRM Eduardo Alvarez Andreu 9737 NW 41st St Ste 414 Add

Doral, Fl 33178 Remove

		 Remove	
		_	
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		TALLAMASSIE FLORIDA	
		 Remove	

Page 2 of 3

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. If amending any other informati	on, enter change(s) here: (Attach additional sheets, if necessary)
·	
December 5	2013
acc	
	Lewisia
Signa Francisco Arias	ture of a member of authorized representative of a member
Francisco Arias	Typed or printed name of signos
	Page 3 of 3

Filing Fee: \$25.00

ZOI3 DEC -6 AM 8: 10
SECRETARY OF STATE
ASSESSED FROM THE ASSESSED

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