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B. BOSTICK
MAR 21 2014
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

DISTRIBUIDORA BEKEN 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:

DARWING GAVIDIA

Name of Person

DISTRIBUIRDORA BEKEN LLC

Firm/Company

5188 SW 157th AVE

Address

MIRAMAR, FL. 33027

City/State and Zip Code

DARWINGGAVIDIA@ME.COM

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

For further information concerning this matter, please call:

DARWING GAVIDIA

,954、629-7423

Name of Person

Area Code

Daytime Telephone Number

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)

Section 500 Status & 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

DISTRIBUIDORA BEKEN LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L1400042148	pany were filed on 03/13/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		30 3
(Mailing address MAY BE A POST OFFICE BOX)		7 7
		: 4
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
	City , Floric	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action 5188 SW 157th AVE DARWING GAVIDIA AMBR ■ Add MIRAMAR, FL. 33027 ☐ Remove □ Add _□ Remove _ 🗆 Add _□ Add _□ Remove

If amending any other information,	enter change(s) here: (Attach addit	ional sheets, if necessary.)
Effective date, if other than the date. The effective date must be specific, cannot be the date this document is filed by the Florida I	prior to date of receipt or filed date and canno	(optional) to be more than 90 days after
Dated MARCH, 17	2014	
	Glend Dia	·
	ture of a member or authorized represental	ve of a member
Glenda Bakit		
	Typed or printed name of signee	

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Filing Fee: \$25.00