

L14000108716

1/05/2014 13:21 305-351088

CLARA GIRALDO, P.A.

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Division of Corporations

Florida Department of State
Division of Corporations
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Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

14 NOV -5 PM 2:25
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
14 NOV -5 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
URIEL DISTRIBUTION, LLC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

H14 000 2583413
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ORIEL DISTRIBUTION, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 NOV -5 PM 2:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/09/14 and assigned Florida document number L14000108716.

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 the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 603, 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:

H14 0002583413.

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

Title	Name	Address	Type of Action
MGR	BENZAQUE, RICARDO	16750 NE 10 th Ave #126	<input type="checkbox"/> Add
		Miami FL 33162	<input checked="" type="checkbox"/> Remove

MGR	BURBUENO, WALTER R	16750 NE 10 th Ave #126	<input type="checkbox"/> Add
		Miami, FL 33162	<input checked="" type="checkbox"/> Remove

MGR	SALASIA, JOSE A.	16750 NE 10 th Ave #126	<input type="checkbox"/> Add
		Miami, FL 33162	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

H14 0002583413.

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

DELETE: MOR-BENZAQUEN, RICARDO D.

DELETE: MOR-BURBUENO, WALTER R.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 4, 2014.



Signature of a member or authorized representative of a member

WALTER R. BURBUENO.

Typed or printed name of signer