L1400115500

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

<u> </u>
Special Instructions to Filing Officer: J, HORNE
MAR 2 5 2024
MAR 2 0 ZUZT
<u> </u>





900425584959

03/12/24--01024--014 **30.00



COVER LETTER

Division of Corp		ATIONALLIC	•	
SUBJECT:	TERAS COMPANY INTERN Name of Lim	ited Liability Company	<u>. </u>	
		in 15 (ft)		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	MAROUN, PEDRO A			
		Name of Person		
	SIN FRONTERAS COMP	ANY INTERNATIONAL LLC		
6617 NW 84TH AVE				
		Address		
	MIAMI FL 33166			
City/State and Zip Code				
	apil.distribuidora@gmail.c	om to be used for future annual report notif	<u> </u>	
For further information of	oncerning this matter, please c		icidony	
MAROUN, PEDRO A	one on the second preside of	331 3564969		
	on.	at ()	e Telephone Number	
Name of	rerson	Area Code Daytime	e reiephone Number	
Enclosed is a check for th	e 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 Addres		Street Address:		
Registration S		Registration Sec		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

部12

SIN FRONTERAS COMPANY INTERNATIONAL LLC

(Name of the Lim	ited Liability Compa	any as it now appears on ou Liability Company)	r records.)	
	(A) fortige Entitled	Chaothy Company)	2 9	
The Articles of Organization for this Limited I	Liability Company	were filed on <u>07/22/201</u>	4 and assigned	
Florida document number L14000115500	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
API DISTRIBUIDORA LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:	6617 NW 84TH AVE		
(Principal office address MUST BE A STREET ADDRESS)		MIAMI FL 33166		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3105 NW 107TH AVE SUITE 400 J2		
		DORAL FL 33172		
B. If amending the registered agent and/or	registered office a	address on our records	, enter the name of the new registere	
agent and/or the new registered office addr	~			
Name of New Registered Agent:	PONCE OFFIC	TE LLC		
New Registered Office Address:	3105 NW 107T	TH AVE SUITE 400 J2		
New Registered Office Address.		Enter Florida stre	et address	
	DORAL		, Florida ³³¹⁷²	
	-	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Chringe
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Rенюче
			□Change
			□Add
			□Remove
			□Change

_	
_	
_	
_	
-	
-	
_	
_	
_	
_	
_	
ffectiv	re date, if other than the date of filing:
<u>iote:</u> I	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated_	03 01 2024 X Proposition (1)
	Signature of a member or authorized representative of a member