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(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	<u>_</u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

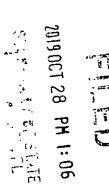
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JCH DISTRIBUTORS 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:
Jose Harrandez Name of Person
JCH DISTORBUTORS LLC Firm/Company
14231 SW 119 AU Address
WIAMI FZ 33186 City/State and Zip Code
City/State and Zip Code 2 n fo @ JCM @ PIETS COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tose Kernandes at (786) 7012841 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60.00 Filing Fee

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

JCM Distr.	butars, uc	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on or orda Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L140001723</u>	ty Company were filed on <u>0& 10</u> <u>H</u>	5/2014 and assigned
This amendment is submitted to amend the following	g;	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
		2010
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our	records, enter the name of the new
registered agent and of the new registered office	addits, Here.	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stre	vet address
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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
Non	Tose 2 Hurrandos	14231 SW 119 AU KIRMI, FZ 33186	Add
		MIAMI, Fr 33186	Remove
		 -	Change
			Add
			Remove
			Change
			🗆 Add
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			□ Add
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			□ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	d 10/21/2019
	Signature of a member or authorized representative of a member
	Jose A. Her Man deta Typed or printed name of signee

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Filing Fee: \$25.00