# L14000181099

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Special Instructions to F	 ilina Officer:	
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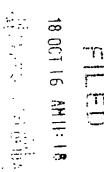




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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Central Distributor SA, LLC. Name of Limited Liability Company
L14000181099.
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Jose D. Carrillo Name of Person
/
Central Distributor SA, ELC.
1428 Brickell Ave. Suite 500
Address
Miomi, FL 33/3/
Miomi, FL 33/3/ City/State and Zip Code  JDCARK/LLOH@Gmoi/-Com.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jose D. Cavillo at (305) 450 7988.  Name of Person Area Code Daytime Telephone Number
Name of tessin
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee & ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee.  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

Central Distribu	to SA, LLC	·
Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L14-181099</u> .	were filed on 11 21 14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
	<del>-</del>	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	₹ <b>.</b>
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:		<u> </u>
	Enter Florida street 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 ameraling Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Central Distributor, SA	1450 Brickell Ave. Miani, FL 33138	
•		Miami, FL 33138	<b>™</b> Remove
	,		Change
AMBR	Jose D. Carillo	1428 Brickell Ave S Miani FL 313/	Vite SDO
		Miani FL 3/3/	□ Remove
			Change
		<u> </u>	G□ Add
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Effective date, if other than the date of filing:  Out 15 20 8.  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note:  If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	s after filing.) Purs	uant to 6 not be li	05.0207 (3)(b sted as the
he record specifies a delayed effective date, but not an effective time, at 12:  The 90th day after the record is filed.	01 a.m. on t	he ear	lier of:
Dated Oct 15 . 2018.			
Signature of a member or authorized representative of a member			
Jose D. Covillo.  Typed or printed name of signee			

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Filing Fee: \$25.00