

L14000181099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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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 filing.

Please return all correspondence concerning this matter to the following:

Jose D. Carrillo
Name of Person
Central Distributor SA, LLC.
Firm/Company
1428 Brickell Ave. Suite 500
Address
Miami, FL 33131
City/State and Zip Code
JDCARRILLOH@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose D. Carrillo at (305) 450 7988
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)
- ☐ \$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 Distributor SA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/21/14 and assigned Florida document number 114-181099.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

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>	<u>Address</u>	<u>Type of Action</u>
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AMBR	Central Distributor, SA	1450 Brickell Ave.	<input type="checkbox"/> Add
		Miami, FL 33138	<input checked="" type="checkbox"/> Remove

AMBR	Jose D. Carrillo	1428 Brickell Ave. Suite 500.	<input checked="" type="checkbox"/> Add
		Miami FL 33131	<input type="checkbox"/> Remove

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18 OCT 18 AM 10:18
Change
Add
Remove
Change

18 OCT 16 AM 11:13
STATION: 1200A
EARTHQUAKE

18 OCT 16 AM 11:13

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Oct 15, 2018

Signature of a member or authorized representative of a member

Jose D. Carrillo
Typed or printed name of signee