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NUG O 5 2015 J. HARRIS

COVER LETTER

SUBJECT:	BLUE PARAD	DISE DISTRIBUTIONS LLC	
behaler.	· Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	1	RODRIGO BENGEN	
		Name of Person	
	BLUE P	ARADISE DISTRIBUTIONS LLC	^
		Firm/Company	
	3030 N	ROCKY POINT DR. SUITE 150A	
		Address	
	TA	AMPA, FL, 33607	
•		City/State and Zip Code	
	_	riel.papazian@maxigoo.com	
	E-mail address: (1	to be used for future annual report notifica	ation)
For further information co	ncerning this matter, please ca	all; _	
GABRIEL 1	PAPAZIAN	786 245-5044 at ()	
Name of	Person	Area Code Daytime T	Celephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00-Filing Fee & Certificate of Status	□ \$55.00 Eiling Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

Division of Corporations

TO:

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

BLUE PARADISE DISTRIBUTIONS LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	7/15/2015	and assigned
Florida document number L15000121095		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
BLUE PARADISE DISTRIBUTORS LLC	•	
The new name must be distinguishable and contain the words 'Limited Liability Company," the do	esignation "LLC" or	
Enter new principal offices address, if applicable:		65 m
(Principal office address MUST BE A STREET ADDRESS)	. —	<u> </u>
		55 P 5
		第
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 registered agent and/or the new registered office address here:	our records, e	nter the name of the ne
Telestrea agent and or the service of the service o		
Name of New Registered Agent:		
New Registered Office Address:		
	ida street address	
	. Florid	la
City	, 1 101 lu	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:

or removed from our record	<u>s</u> :	
MGR = Manager AMBR = Authorized Memb	per	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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. Effective dat	te, if other than the c	date of filing:		(0	optional)	
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Filing Fee: \$25.00