L15000122215

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Amend

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	Registration Section Division of Corpora				æ	e et e e	
SUBJEC	m MAI	SON DE	DISTR	IBU TLON	LL(
5 0 00 L C		1		iability Company			
The enclo	osed Articles of Ame	endment and fe	e(s) are submitte	ed for filing.			
Please ret	urn all corresponder	nce concerning	this matter to th	e following:			
	-	5	UNDEEP	SINGH Name of Person			
	-	MAIS	ON DE C	DISTR IBU-	noN	LLC	
	-	314	PARK A	VE SOUTH	· 1	TH FLOOR	
	-	, Yu	NA 0	IIO ty/State and Zip Code	e		
	_	SUNDEL E-ma	EP@ M	AKONDIST used for future annua	RIBUT	TIN, CO	M
For furthe	er information conce	rning this matte	er, please call:		r		
5	UNDEEP	ŚINGH		at (646)	0)14	A-010 1	
	Name of Per	son		Area Code	Dayti	me Telephone Nu	mber

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAISON DE DI	STRIBUTION LLC PES 5
	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L15000 127215</u> .	pany were filed on 7 10 15 and assigned FTS
This amendment is submitted to amend the following:	ORID ORID
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 "L.L.C."
Enter new principal offices address, if applicable:	304 PARK AVENUE SOUTH
(Principal office address MUST BE A STREET ADDRES	S)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	304 PARK AVENUE SOUTH II TH FLOOR NY, NY 10010
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Non-Danistand Access Commence of the color Danistand A	

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** 3010 GEORGIA MANOR DRIVE MAD AMBR TAN KIM ALPHARETTA GA 30022 _□ Change JENIFFER DILIZ 5246 SW 8TH STREET STE 200 Add MGR CORAL GABLES, FL 33134 ☐ Change □ Add □ Remove □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an e	Active date, if other than the date of filing: 9 21 6 (optional) ffective 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	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.
Date	$\frac{9 21 15}{ 15 }$
	Signature of a thember or authorized representative of a member
	SUNDEED SINGH
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