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Amend

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I ALBRITTON

COVER LETTER

	СТ:	STRIBUTORS LEC Name of Lim	nted Liability Company	
		Name of Lim	nted Liability Company	
The enc	losed Articles of .			
		Amend neat and fee(s) are sub	mitted for filling.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Alexandra Sierra-De Varo	aa, fisq.	
			Name of Person	
		De Varona Law		
		. ————	Firm Company	
		350 Camino Gardens Blyd	Suite 107	
		·	Address	
		Boca Raton, FL 33432		
		office a devaronalaw.com	City State and Zip Code	
		E-mail address (to be used for future annual report notif	ication)
For furtl	her information co	meern ig this matter, please ca	all:	
Alexano	lra Sierra-De Var	ona. Usa	561 6009070	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e foll eving amount:		
= \$25.	.00 Filing Fee	□ 830 00 Filing Fee & Certificate of Status	□ 855,00 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 632 Tallahassee, Lt. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRACE DISTRIBUTORS LLC	and the letter Community of the control	and the same and t
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ny)
The Articles of Organization for this Limited L. Florida document number L15000154230	Liability Company were filed o	n 09/09/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compa	ny 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 appli	cable:	<u> </u>
Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and registered agent and registered agent and registered agent.	/or registered office addres	s on our records, enter the name of the new
Name of New Registered Agent:	De Varona Law	
New Registered Office Address:	350 Camino Gardens Blvd.,	Suite 107
Negistered Syrice Hudress.	Ente	r Florida street address
	Boca Raton	, Florida ³³⁴³²
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alessio Mulasso	3100 NW Boca Raton Blvd., Bay 217	⊟ Add
		Boca Raton, FL 33431	
			Remove
			□ Change
			Add
		 	Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
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			□ Remove
			□ Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: 1	re date, if other than the date of filing: (optional) thive 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 nt's effective date on the Department of State's records.
- X - Th C	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated_	Signature of a member or authorized representative of a member GRAZIA CIARALLO Typed or printed name of signer.
	Germ Cell
	Signature of a member or authorized representative of a member
	GRAZIA CIARALLO Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00