L15000 154337

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ie)
(Do	cument Number)	
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07/18/16--01036--033



JUL 19 2016 S. YOUNG

COVER LETTER

Division of C		•		
	DISTRIBUTION LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are sub	-		
Please return all corres	pondence concerning this matter	to the following:		
	SIMON NAON			
		Name of Person		
	NAON AND CO LLC			E S
		Firm/Company		5 FEB.
	20100 W COUNTRY CLU	JB DRIVE #605		16 JUL 18 PH 2: 50
		Address		8 R
	MIAMI FL 33180			1 2 T
		City/State and Zip Code		50
	SIMON@NAONANDCOC	CPA.COM to be used for future annual repor		
For further information	n concerning this matter, please c	•	inouncation)	
SIMON NAON		347 898-607	79	
Nam	e of Person	at () Area Code Da	aytime Telephone Number	
	r the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate o Certified Co (additional copy	f Status & py
	ILING ADDRESS: istration Section	STREET/CO Registration S	OURIER ADDRESS:	
Divi	sion of Corporations Box 6327	Division of C Clifton Buildi	orporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BODHI DISTRIBUTION LLC		
(Name of the Limited Lis (A Flo	ibility Company as it now appears on our records. rida Limited Liability Company))
The Articles of Organization for this Limited Liabilit Florida document number L15000154337	y Company were filed on	and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET AL</u>	ODRESS)	18 PH 2:
Enter new mailing address, if applicable:		5 部
(Mailing address MAY BE A POST OFFICE BOX		, p.
B. If amending the registered agent and/or registered agent and/or the new registered office a	•	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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>	Address	Type of Action
AMBR	ANTHONY AZOULAY	225 179TH DR STE 503	
		SUNNY ISLES BEACH FL 33160	□ Remove
			Change
			□ Add
		<u> </u>	Remove
			Change SEC
			AHASSE AHASSE 18
			ARY OF SIAIDA
			Add
			□ Remove
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ffective date, if other than the date of filing: $\frac{07/15/201}{1}$	(andianal)	
an effective date is listed, the date must be specific and cannot be price	or to date of filing or more than 90 days after filing.) Pursuant to 605.	.020
<u>Note:</u> If the date inserted in this block does not meet the application of the date on the Department of State's record		e Do
e record specifies a delayed effective date, but n	ot an effective time, at 12:01 a.m. on the earlie	er (
The 90th day after the record is filed.		
07/15/2016		
Pated 07/15/2016 ,,	· · ·	
ated 07/15/2016 ,		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00