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## **COVER LETTER**

Divi	sion of Corpo	orations		
SUBJECT:	DI57		RA MONTEM	AR 900, LLC
			,	
The enclosed	Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return	all correspond	dence concerning this matter to	the following:	
		Clardia Ma	ONROM	
			Name of Person	····
			Firm/Company	
		<b>5</b>		
		37046 Est	helle dr.	
			Address	
		Zephyrhills	F/ 3354 City/State and Zip Code n 201 (	7 ]
			City/State and Zip Code	.,,
		E-mail address: (to	be used for future annual report noti	fication)
For further in	formation cor	ncerning this matter, please cal	l:	
61	aldici	MonRoy	at (813) 731 Area Code Daytim	25 <i>0</i> 0
· · · · · · · · · · · · · · · · · · ·	Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
<b>⋬</b> \$25.00 Fi	iling 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:

TO:

**Registration Section** 

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

DISTRIBUIDORA MONTEMAZ 900, LLC

The Articles of Organization for this Limited Liability Company were filed on May 18, 2016 and assigned Florida document number £160000 9 7 159

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 ad	dress
		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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR ≈	Manager		•
AMBR =	Authorized	Memb	eı

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Claudia Mongay	37046 Estelle dr. Zephyrhills, Pl	<b>335</b> 41
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			Change
		•	Add
			Remove
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Filing Fee: \$25.00