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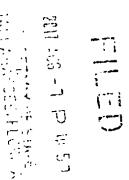
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

MACI SUBJECT:	NELS DISTRIBUTION LLC			
	Name of Lit	nited Liability Company		
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all cor	respondence concerning this matte	r to the following:		
	NATHALY CUARTAS			
		Name of Person	<del> </del>	
	MACNELS DISTRIBUT	ION LLC		
		Firm Company		
10081 PINES BLVD SUITE E			<del>-</del> 5	£3
	<del>-</del>	Address		
	PEMBROKE PINES, FL	ORIDA, 33024	AHASS	- C
	NATUAL V CHEADING CO	City/State and Zip Code		113-1 P
	NATHALY.CUARTAS@ E-mail address:	(to be used for future annual report notific	ation)	- <del> </del>
For further information	tion concerning this matter, please	·	ration)	ე დ
NATHALY CUAR	TAS	954 9034036 at ()		
N	ame of Person	Area Code Daytime	Telephone Number	•
Enclosed is a check	for the following amount:			
■ \$25.00 Filing F	ce \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is a	tatus &
	1AILING ADDRESS: egistration Section	STREET/COURIE Registration Section		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACNELS DISTRIBUTION LLC			
(Name of the Limited Liability (A Florida Li	Company as it now appears or mited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{10/28}{}$	2016	and assigned
Florida document number 1.16000199303			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	<del>.</del>	
			20
Enter new mailing address, if applicable:			————
(Mailing address MAY BE A POST OFFICE BOX)	address MAY BE A POST OFFICE BOX)		
		\(\frac{1}{2}\)	1
		iri 	111
B. If amending the registered agent and/or register		ir records, <u>enter-t</u>	<u>he name of the nev</u>
registered agent and/or the new registered office addres	ss here:	事(*) 収入	, ဟု
		シ	<u> </u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	······································	, Florida	
	Cuy		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	VEHL HOLDING GROUP LLC	1400 NW 17TH AVE STE 430	
		SWEETWATER, FL 33172	■ Remove
			Change
MGR	GABRIEL HATEM	1400 NW 17TH AVE STE 430	
		SWEETWATER, FL ,33172	Remove
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