

# L/16000206933

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H18000261716 3)))



H180002617163ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : T20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

18 SEP -7 AM 9:12  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GONIX DISTRIBUTION COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2018 SEP -7 PM 1:34

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY  
SEP 10 2018

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
18 SEP -7 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GONIX DISTRIBUTION COMPANY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 10th, 2016 and assigned Florida document number L16000206933.

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:

(Principal office address MUST BE A STREET ADDRESS)

1700 N UNIVERSITY DR

PEMBROKE PINES FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1700 N UNIVERSITY DR

PEMBROKE PINES FL 33024

**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: MARIA P PEREYRA ARANDIA

New Registered Office Address: 1700 N UNIVERSITY DR

*Enter Florida street address*

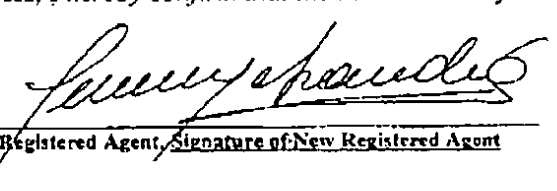
PEMBROKE PINES, Florida 33024

*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

Title	Name	Address	Type of Action
MGR	PEREYRA ARANDIA, MARIA F	1737 CORONEL DIAZ AV 3RD FLOOR STE 13	<input type="checkbox"/> Add
		CIUDAD AUTONOMA DE BS AS BA 01425	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LORENA BASSIGNANI PACHECO	1512 IRONBARK DR HENDERSON NV 89014	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEREYRA ARANDIA, MARIA F	1700 N UNIVERSITY DR PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEP 7 10 09:20 AM  
TALLAHASSEE FLORIDA  
FILED

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FILED  
18 SEP -7 AM 9:20  
TALLAHASSEE, FLORIDA  
U.S. DEPT. OF JUSTICE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)  
(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 7<sup>th</sup>, 2018

Annex  
Signature of a member or authorized

MARIA F PEREYRA ARANDIA

Typed or printed name of signee