L17000004120

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2017

GARRETT NAVIA 8735 SW 160TH ST MIAMI, FL 33157

SUBJECT: DISTINCT TECHNOLOGIES LLC

Ref. Number: L17000004120

101) Hr N =4 - CH 22 - 102

We have received your document for DISTINCT TECHNOLOGIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate on page 2 if you are adding, removing or changing the officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 617A00005568

COVER LETTER

	ision of Cor		,			
SUBJECT:	DISTINCT TECHNOLOGIES LLC					
Name of Limited Liability Company						
The enclosed	1 Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Garrett Navia	,	·		
			Name of Person			
		DISTINCT TECHNOLOG	GIES LLC			
			Firm/Company			
		8735 SW 160th St.				
		,	Address			
		Miami / FL 33157				
			City/State and Zip Code			
		gnavia@lafamiliaadvisors.c	com to be used for future annual report notif	antion)		
For further ir	nformation co	oncerning this matter, please co		(Cation)		
Garrett Navi	ia		305 213-9438			
	Name o	f Person	at ()	Telephone Number		
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 F	Filing 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:

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

DISTINCT TECHNOLOGIES LLC		•
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 01/05/2017	and assigned
Florida document number L17000004120		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	r the abbreviation L.L.C."
Enter new principal offices address, if applicable:		5
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	1
		· · ·
Enter new mailing address, if applicable:		22
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		enter the name of the ne
registered agent and/or the new registered office address l	<u>nere</u> :	
Name of New Posistened Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
,		
	, Flori	da

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>	<u>Address</u>	Type of Action
MGR	EDWIN D. MARLOWE	PO BOX 432463	
		SOUTH MIAMI, FL 33243	7 Remove
			Change
AMBR	Magnolia Torres-Suarez	8735 SW 160th St.	Mdd
		Miami, FL 33157	□ Remove
			□ Change
	***		Add
			☐ Remove
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ffect	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	
lote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	t to 605.0207 be listed as
ocum	nent's effective date on the Department of State's records.	
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of
The	\wedge	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00