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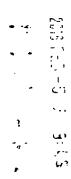
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J. HARRIS

COVER LETTER

	Registra Division				
end tez		DISTRI	BUTION AND SERVICES	LLC	
SUBJEC	-1: <u></u>		Name of Lim	ited Liability Company	·
The encl	losed Artic	cles of Ai	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all co	orrespond	lence concerning this matter	to the following:	
			ELEAZAR ERNESTO MA	AZA SMITS	
				Name of Person	
				Firm/Company	
			6141 NW 115th PLACE A	PT #359	
			•	Address	
			DORAL , FLORIDA 3317	8	
				City/State and Zip Code	
			eleazar.maza@gmail.com	to be used for future annual report not	Frantism
For furth	ier inform	ation con	cerning this matter, please co	·	(Catolity
EDITH	VARGAS			786 651-1290 at ()	
		Name of P	erson	Area Code Daytim	e Telephone Number
Enclosed	l is a chec	k for the	following amount:		
□ \$ 25.0	00 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

NXT distribution and Services 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 317 Florida document number _ L1700 00 497 40 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:

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

Enter Florida street address

. Florida

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	<u>Name</u>	<u>Address</u>	Type of Action
S	Eleazar Ernesto Maza Smits	6141 NW 115th PLACE #359 DOI	
		Secretary	■ Remove
		MGR	☐ Change
MGR	Alexandra Christina Freitag Perez	6141 NW 115th PLACE #359 DOF	
		MGR	■ Remove
		Secretary	☐ Change
			■ Add
			■ Remove
			☐ Change
	- -		
			Remove
		_	Change
			Remove
			Change
			□ Ååå
		-	Remove
			☐ Change

MGR Eleazar Ernesto Maza Sm	ts	
Secretary Alexandra Christina F	reitag Perez	
		
-		
<u>· </u>		
·		
		
ective date, if other than the date offective date is listed, the date must be the: If the date inserted in this block nument's effective date on the Department.	specific and cannot be prior to date of filing or more the does not meet the applicable statutory filing requestions.	(optional) an 90 days after filing.) Pursuant to 605. uirements, this date will not be liste
record specifies a delayed e he 90th day after the record	fective date, but not an effective time, is filed.	, at 12:01 a.m. on the earlie
January 25	2018	
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	The May Du	<u>5</u> _ ?*
Si	nature of a member or authorized representative of a r	nember .
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Page 3 of 3

Filing Fee: \$25.00