L17000051593

(Req	uestor's Name)		
- (Addi	ress)		
(Addi	ress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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elibitezwe.	BELWIL DISTRIBUITORS, LLC				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease return	all correspo	ondence concerning this matter	to the following:		
		RODRIGUEZ, ARTURO NICANOR, SR			
	Name of Person				
		BELWIL DISTRIBUITOR	RS, LLC		
			Firm/Company	····	
		908 SR 436			
	Address				
	CASSELBERRY, FL 32707				
			City/State and Zip Code	·····	
		arturonrr@hotmail.com	to be used for future annual report no		
For further in	iformation c	oncerning this matter, please co		uncation	
RODRIGUE	Z, ARTURO) NICANOR, SR	407 433-9250		
Name of Person		Area Code Daytii	ne Telephone Number		
Enclosed is a	check for th	ne following amount:			
■ \$25.00 H	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Address:		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Al

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELWIL DISTRIBUITORS, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000051593}{L17000051593}$.	were filed on 03/06/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		27.
		نت.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		=:
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, and covided for in Chapter 605, F.	I am familiar with and S. Or, if this document is



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	MORALES, JUNIOR ALFREDO	908 SR 436	
		CASSELBERRY, FL 32707	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			☐Remove
			∐Add
			□Remove
			□ Change
			Remove
			□Change
			□Remove
			7.00



). If amendi	ng any other information, ent	er change(s) here:	(Attach addition	al sheets, if necessa	uy.)
					
				 	
			<u> </u>		
			-		
			<u> </u>	<u></u>	
					
(If an effectiv Note: If th	date, if other than the date of the date is listed, the date must be specified date inserted in this block does as effective date on the Department	ic and cannot be prior to not meet the applicab	date of filing or more	(optiona than 90 days after filin equirements, this dat	g.) Pursuant to 605.0207 (3)
the record specord is filed.	ecifies a delayed effective date, bu	t not an effective tim	ne, at 12:01 a.m. on	the earlier of: (b) 1	he 90th day after the
Dated Aug	gust 10	, 2020			
	Signature	of a member or authori	ized representative of	a member	
	RODRIGUEZ, ARTURO NICAN	NOR /			
		Typed or printed	name of signee		