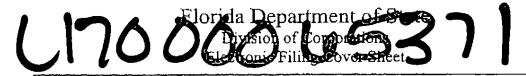
10/25/2017

Division of Corporations



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARM-D DISTRIBUTION LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARM-D DISTRIBUTION LLC

(Name of the Limited Liability C (A Florida Lin	ompany as it now apprinted Liability Compan	ears on our record	<u>4.</u>)		
The Articles of Organization for this Limited Liability Comp.	pany were filed on	MARCH 2	3, 2017	_ and assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company	· here:	7	201	
The new name must be distinguishable and contain the words "Limited	Liability Company," ti	se designation 'LLC	" or the abbra	vianon ; L.I	L.C.";
Enter new principal offices address, if applicable:		.		<u> </u>	ند. :
(Principal office address MUST BE A STREET ADDRES	<u>s</u>	<u> </u>	`	3.1=	
Enter new mailing address, if applicable:			. :	<u>ස</u>	
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		on our records	s, enter th	e name (of the
Name of New Registered Agent:					
New Registered Office Address:	Enter	Flor!da street addres.	s		
~	نئي ا City	, Flo	orida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent's	•			•	

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

□ Change

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 = Ma AMBR = Au	uager thorized Member	A-1-4	
<u>Title</u>	Name	Address	Type of Action
MGR/AMBR	GLORIA EUGENIA PEREZ JACOME FRISCIO	NE 255 ALHAMBRA CIRCLE SUITE 500	
	-	CORAL GABLES, FL 33134	Remove
	-		Change
_MGR	JOAQUIN KALB DIAZ	255 ALHAMBRA CIRCLE SUITE 500	
		CORAL GABLES, FL 33134	Remove
			Change
MGR/AMBR	ALICIA DIAZ DE VACA	255 ALHAMBRA CIRCLE SUITE 500	\alpha Add
		CORAL GABLES, FL 33134	Remove
			Change
MGR	JUAN PABLO VACA	255 ALHAMBRA CIRCLE SUITE 500	© Add
		CORAL GABLES, FL 33134	D Remove
			Change
			O Add
			☐:Change
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary	z.)	
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docum the rec	ve date, if other than the date of filing:		
) The	90th day after the record is filed.		
Dated_			
	Gara Dund	· 23	
•	Signature of a member of withorized representative of a member		e-
	GLORIA EUGENIA PEREZ JACOME FRISCIONE		4.4. 1.4
	Typed or printed name of signoce	<u>.</u>	٠
		. ලා ය	
	Page 3 of 3 Filing	Ċ	