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COVER LETTER

TO: Registration S Division of Co			
	PRODUCTS AND DISTRIBUT		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	PEDRO ALONSO		
		Name of Person	
	MONDE PRODUCTS AN	D DISTRIBUTION LLÇ	
		Firm/Company	
	953 N DEAN CIRCLE		
		Address	
	DELTONA, FL 32738		•
		City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	OUNTING-SOLUTIONS.NET to be used for future annual report notion	Marrian)
For further information	concurning this matter, please of		illatiuri
	concerning this matter, prease of		
PEDRO ALONSO		407 920-5220 at()	
Name	of Person	Area Code Daytim	e Tetephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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)
Regis Divis P.O.	LING ADDRESS: mation Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	on cations cater Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONDE PRODUCTS AND DIST				
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)		
The Articles of Organization for this Limited 1		were filed on 03/30/2017	and assigned	
Florida document number L17000072767	·			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Light	lity Company" the designation "ELC"	or the abhreviation "L.L.C."	
		953 N DEAN CIRCLE		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		DELTONA, FL 32738		
7.0	<u>, , , , , , , , , , , , , , , , , , , </u>			
Enter new mailing address, if applicable:		953 N DEAN CIRCLE		
(Mailing address MAY BE A POST OFFICE BOX)		DELTONA, FL 32738		
			*	
B. If amending the registered agent and			enter the name of the new	
registered agent and/or the new registered o	omice aggress ner	<u>e</u> : ,	d u'i	
Name of New Registered Agent:	PEDRO ALON	180	At	
New Registered Office Address:	953 N DEAN O	IRCLE	6.4	
		Enter Florida street address		
	DELTONA.	, Flo	rida <u>32738</u>	
		City	Zin 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

<u>Title</u>	Name		Address	Type of Action
MGR/CF Ø	PEDRO ALONSO		420 E CHURCH STREET UNIT 5 6 \$: Add
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	Signature o	f a member or authori	zed representative of a	member	
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Filing Fee: \$25.00