

Division of Corporations

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**L17000140447**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC  
Account Number : 110432003053  
Phone : (561) 694-8107  
Fax Number : (561) 694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DISTRIBUTION SERVICES OF TREASURE COAST, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

MAR 15 2018  
J. HARRIS  
Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DISTRIBUTION SERVICES OF TREASURE COAST, 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 06/28/2017 and assigned  
Florida document number L17000140447

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:

Enter Florida street address

City, Florida Zip 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marie Edwards	5915 NW JAVA CT	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Edgar Giraldo	5915 NW JAVA CT	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL 34986	<input type="checkbox"/> Remove
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 STATE OF FLORIDA  
 TALLAHASSEE

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing, or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 14th, 2018

*[Handwritten signature]*

Signature of a member or authorized representative of a member

**Savannah Montalban, Attorney-in-Fact**

Typed or printed name of signatory

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**Filing Fee: \$25.00**

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SECRETARY OF STATE  
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