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2010 AUS - S A 14 AU SECRETARY OF STATE

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COVER LETTER

то:	Registration Se Division of Cor					
CHDI		TION SERVICES OF TREAS	SURE COAST LLC			
Name of Limited Liability Company						
The e	nclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please	e return all correspo	ondence concerning this matter	to the following:			
		EDGAR GIRALDO				
		DISTRIBUTION SERVICE	Name of Person CES OF TREASURE COAST LLC			
		5915 NW JAVA CT	Firm/Company	<u> </u>		
		PORT ST LUCIE FL 349	Address 86			
		giraldoen777@gmail.com	City/State and Zip Code			
			to be used for future annual report noti-	fication)		
For fu	irther information c	oncerning this matter, please ca	all:			
EDG.	AR GIRALDO		772 9404854			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclo	sed is a check for th	ne 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)		

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 FILED

DISTRIBUTION SERVICES OF TREASRE COAST LLC (Name of the Limited Liability Company as it now arous records.)

(A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed TALLERINA 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 "L.L.C." 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: EDGAR GIRALDO Name of New Registered Agent: 5915 NW JAVA CT New Registered Office Address: Enter Florida street 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.

Cirv

PORT ST LUCIE

f 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
			□ Remove
			Change
			, □ Remove
			□ Change
			□ Add
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<u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 8-2-19
	Edga Sindo
	Signature of a member or authorized representative of a member
	EDEAR EIRALDO

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Filing Fee: \$25.00