

L17000156872

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6385

From: Account Name : JELEN ACCOUNTING SERVICES, INC  
Account Number : 120120000052  
Phone : (305)591-9100  
Fax Number : (305)591-9167

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

Email Address: info@jelenaccounting.com

2017 AUG 30 PM 4: 59  
TALLAHASSEE FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
H&V PMU DISTRIBUTORS LLC

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2017 AUG 30 AM 11: 49  
TALLAHASSEE FLORIDA

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AUG 31 2017

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

H&V PMU DISTRIBUTORS 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 07/21/2017 and assigned Florida document number L17000156872.

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)

17 AUG 30 AM 11:49  
H&V PMU DISTRIBUTORS LLC  
TALLAHASSEE, FLORIDA

**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: MARLO VALECILLOS HERRERA

New Registered Office Address: 4883 NW 109 PATH

*Enter Florida street address*

DORAL, Florida 33178  
City 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>
AMBR	Marlo Valecillos Herrera	4853 NW 109 PATH	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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 STATE OF FLORIDA  
 SECRETARY OF STATE

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

Multiple horizontal lines for amending information.

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ALLAHAS BEEN FLOIDIA

E. 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)(h)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 30, 2017

*Yusleidys Hernandez*  
Signature of a member or authorized representative of a member

YUSLEIDYS HERNANDEZ CAICEDO

Typed or printed name of signee