Division of Corporations

Elerida Department of State

División of Conjourations

Blactronic Filling Cover Sheet

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To:			≥ 5
	Division of Cor	porations	F-2 - ₹
	Fax Number	: (850)617-6383	AHA
From:			88
	Account Name	: CORPORATE CREATIONS INTERNATIONAL	INC:
	Account Number	: 110432003053	
	Phone	: (561)694-8107	, ⊃ a
	Fax Number	: (561)694~1639	물} - NY
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**Enter the en	mail address for	this business entity to be used for	
		Enter only one email address please.	
Email Ad	dress:	·	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SDTM FOOD & BEVERAGES DISTRIBUTORS LLC

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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 135

SDTM Food & Boverages Distributors LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	-
The Articles of Organization for this Limited Liability Compa Florida document number L-17000216925	my were filed on 10/19/17 and a	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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)	21	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		e of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Mreet address	
	, Florida Zip Coo	
Nam Desistant Langia Signature is shanging Desistant Ages	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	IU
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the $^{-3}$ 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

Title	<u>Name</u>	Address	Type of Action
MGR	Samuel Barreiro	448 ALEMED 4 DR	Add
		PALM SPRINGS, FL 33461	Remove
			Change
MGR	Samuel Glezi Rivero Barreiro	448 ALEMEDA DR	Add
		PALM SPRINGS. FL 33461	□ Remove
			Change
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