

OCT/25/2018/THU 03:25 PM

10/25/2018

FAX No.

001

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000309352 3)))



H180003093523ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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
PROVEN WHOLESALE GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
8 OCT 25 PM 5:11
ALLAHBACH, FLORIDA

2018 OCT 25 PM 3:41

Electronic Filing Menu

Corporate Filing Menu

Help

← SALY

OCT 26 2018

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

FID: 002-
18 OCT 25 PM 5:13
TALLAHASSEE, FLORIDA

PROVEN WHOLESALE GROUP 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 05/14/2018 and assigned Florida document number L18000120649

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:

Name of New Registered Agent:

ANGEL CAMINERO ALVAREZ

New Registered Office Address:

8600 NW S RIVER DR SUITE 114

Enter Florida street address

MIAMI

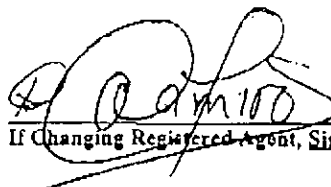
Florida 33166

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>
MGR	ROLANDO TORRES	8600 NW S RIVER DR	<input type="checkbox"/> Add
		SUITE 114	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33166	<input type="checkbox"/> Change
MGR	ANGEL CAMINERO ALVAREZ	8600 NW S RIVER DR	<input checked="" type="checkbox"/> Add
		SUITE 114	<input type="checkbox"/> Remove
		MIAMI, FL 33166	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 OCT 25 PM 5:20
FALLS CHURCH, VIRGINIA

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

18 OCT 25 PM 5:20

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)(c)

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 10/25 2018

⊙ Rull 611

ROLANDO TORRES

Typed or printed name of signee