

NOV/19/2018/MON 11:48 AM

11/19/2018

TAX No.

Division of Corporations

# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROVEN WHOLESALE GROUP LLC

Certificate of Status	0
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T. CLINE

NOV 20 2018

EXAMINER

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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: LEONIDES HERRERA

New Registered Office Address: 3600 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	ANGEL CAMINERO ALVAREZ	8600 NW S RIVER DR	<input type="checkbox"/> Add
		SUITE 114	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33166	<input type="checkbox"/> Change
MGR	LEONIDES HERRERA	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
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			<input type="checkbox"/> Change

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OFFICE OF STATE  
CLERK OF FLORIDA

ED

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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)(b)  
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 11/16 2013

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2. Am 1. 1980

Signature of

ANGEL CAMINERO ALVAREZ

Typed or printed name of signee