118000133343

(Re	questor's Name)	
,	,	
(Add	dress)	
(Ade	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE ORYTSION OF CORPORATION

N COOPER JUN 0 6 2018

COVER LETTER

	G DISTRIBUTORS OF AMER	ICA LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	RALPH FERNANDEZ		
		Name of Person	
		Firm/Company	
	11440 NW 122ND STREI	ET, SUITE 200	
		Address	
	MIAMI, FLORIDA 33178	3	
		City/State and Zip Code	
	RFERNANDEZ@MAILUS	SERS.NET to be used for future annual report notif	iontian)
For further information	n concerning this matter, please c	·	(Catan)
RALPH FERNANDE	7.	305 512-3445	
Nam	e of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check fo	r the 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

TO:

Registration Section Division of Corporations

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

VENDING DISTRIBUTORS OF AMERICA LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/29/2018	and assigned
Torida document number L18000133343		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name most be distinguishable and contain the words "Limited Liab	ility Company," the designation "ELC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		a
		<u> </u>
		<u>1</u> 98.1
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		S OAK
	•	2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.		nter the name of the n
Name of New Registered Agent:	<del></del>	·
New Registered Office Address:	C . 19 · 1	
	Enter Florida street address	
	Florid	la
	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>	Address	Type of Action
AMBR	MIRIAM V. GONZALEZ	6619 SOUTH DIXIE HWY	■ Add
		MIAMI. FLORIDA 33143	□ Remove
			☐ Change
			Remove
			Change
			☐ Remove
			☐ Change
<del></del>			□ Add
		<u> </u>	□ Remove
		<del>- ,</del>	Change
			☐ Remove
			Change
		<del></del>	□ Add
			☐ Remove
			Change

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Typed or printed name of signee

Filing Fee: \$25.00