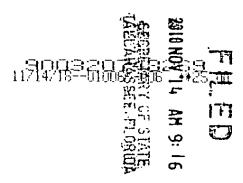
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration S Division of Co					
NANI's E	Distubutors LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Jose Orama				
		Name of Person		-	
		Firm/Company		<del></del>	
	1535 Catalina Blvd.			SECTION 14	*
	Deltona Florida 32725	Address		NO NO	
	Denona Florida 32/23			er	TITE
	joserama.57@gmail.com	City/State and Zip Code		AM 9: 46	E
	E-mail address: (	to be used for future annual report notifi	cation)	部分	
For further information	concerning this matter, please c	all:		•	
Kristen Ward		801 201-3727 at ()			
Name	of Person	Area Code Daytime	Telephone Numb	<b>T</b>	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
MAI	LING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NANES DISTUDUTORS LEC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L18000176720	pany were filed on July 23, 2018	and assigned
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 I	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		70 PB
(Mailing address MAY BE A POST OFFICE BOX)		A TI
•		75 F
<b>5 7 1 1 1 1 1 1 1 1 1 1</b>	1 or 1)	河口 是 原
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>en</u> <u>here</u> :	CET THE NAME OF THE NEW
Name of New Registered Agent:		···
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<u></u>
- <del></del>	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> JOSE DANIEL	Address 1535 CATALINA BLVD	Type of Action
AMBR	JOSE DAMIGE	DELTONA FL 32725	Add
			Remove
			☐ Change
AMBR	JOSE ORAMA	1535 CATALINA BLVD DELTONA FL 32725	Add
			Remove
			Change
<del></del>			
			Remove
			The state of the
			□ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change

f amending any other information	on, enter change(s) ner	e: (Allach addinonal	sheets, if neces	sary.)	
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ffective date, if other than the dan effective date is listed, the date must be to the lote: If the date inserted in this bloc ocument's effective date on the Dep	e specific and cannot be prior k does not meet the application	to date of filing or more the able statutory filing req	( <b>option</b> an 90 days after fir uirements, this d	ing.) Pursuant	to 605.0: e listed
e record specifies a delayed of The 90th day after the recor		t an effective time	, at 12:01 a.ı	m. on the e	earlier
NOVEMBER 2	2018				
1000	gnature of a member or autho	prized representative of a	nember		
V		,	<b>-</b>		
JOSE ORAMA	Transfer	ed name of signee			_

Page 3 of 3

Filing Fee: \$25.00