118000 220877

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)
(Docum	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ng Officer:	





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SECR. OF STATE

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R WHITEL

COVER LETTER

	Registration Sec Division of Corp				
041545		E DISTRIBUTORS LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspor	ndence concerning this matter	to the following:		
		CARLOS BARRIOS			
			Name of Person		
		TOP VALUE DISTRIBUT	ORS LLC		
			Firm/Company		
		10300 SW 35 ST	, ,		
			Address		
		MIAMI, FL 33165			
		City/State and Zip Code BIVIETIBARRIOS@GMAIL.COM			
		E-mail address: (to be used for future annual report notifi	cation)	
For furth	er information co	oncerning this matter, please ca	all:		
BIVIET	I BARRIOS		786 461-6211		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed	l is a check for th	e following amount:			
\$25.0	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 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

FILED

TOP VALUE DISTRIBUTORS LLC

2018 DEC 13 AM 10: 41

(Name of the Limited	Liability Company as it now appears on our re- Florida Limited Liability Company)	ALLAHASSEE, FI
The Articles of Organization for this Limited Liab		
Florida document number L18000220877		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our rec	
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	City	, FloridaZip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the region of the re	and complete performance of my dutie ered agent as provided for in Chapter (gistered office address, I hereby confir	s, and I am familiar with and 605, F.S. Or, if this document is

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
MGR	BIVIETI BARRIOS	10300 sw 35 th st, miami fl 33165	■ Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
		Remove	
			Change
			□ Remove
			Change
			□ Remove
			Change

	
	
	
	
Fffee	tive date, if other than the date of filing: (optional)
(If an o	ffective date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on e 90th day after the record is filed.
	12/10/2018
Date	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00