

L18000275619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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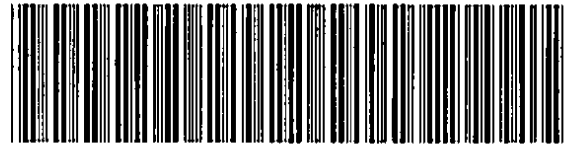
(Business Entity Name)

(Document Number)

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06/21/19--01019--017 \*\*25.00

D SCOTT

JUL 1 2019

TO: Registration Section  
Division of Corporations

SUBJECT: LUMAX Supplement Distributors LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angelina Pujol  
Name of Person

LUMAX Supplement Distributors LLC  
Firm/Company

1421 S.W. 21st St.  
Address

Boca Raton, FL 33486  
City/State and Zip Code

Lumax.salesteam@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelina Pujol at 407 947-5352  
Name of Person Area Code Daytime Telephone Number

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)      ☐ \$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 ORGANIZATION  
OF

Lumax Supplement Distributors 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 11/28/2018 and assigned  
Florida document number L18000275419

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Lumax Distributors LLC

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)

1421 S.W. 21st St.

Boca Raton, FL 33486

\* Please add my FEIN:

83-3306483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1421 S.W. 21st St.

Boca Raton, FL 33486

**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:

Angelina Pujol

New Registered Office Address:

1421 S.W. 21st St.

Enter Florida street address

Boca Raton

City

Florida

33486

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.

Signature of New Registered Agent

**MGR = Manager**

**AMBR = Authorized Member**

[illegible]

Please add my EIN:  
83-3306483

E. Effective date, if other than the date of filing: 6/18/19 (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 June 18, 2019.

  
Signature of a member or authorized representative of a member

Angelina Pujol  
Typed or printed name of signee