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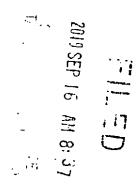
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

elib ir er	AROMAX I	DISTRIBUTORS, ELC.		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		WIELIAM SAMUEL PAR	RRA	
			Name of Person	
		AROMAX DISTRIBUTO	RS, LLC.	
			Firm/Company	
		7680 CAMBRIDGE MAN	OR PL, STE 200	
			Address	
		FORT MYERS, FL 33907		
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	ration)
For further in	nformation co	ncerning this matter, please ca	dH:	
WILLIAM S	SAMUEL PA	RRA	239 822-2501 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AROMAX DISTRIBUTORS, LL			
(Name of the Lim	ited Liability C (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited I		pany were filed on 12/31/2019	and assigned
Florida document number L19000207475	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	I liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRES</u>	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	N/A	2019 SEP 1
B. If amending the registered agent and registered agent and/or the new registered of	l/or registero	ed office address on our records, <u>s</u> <u>s here</u> :	enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	_	Enter Florida street address	
		Floric	da

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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CARLOS A. CABRERA	3700 METRO PKWY, APT 1532	-
		FORT MYERS, FL 33916	Add
			■ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
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	07/26/2019	
	be specific and cannot be prior to date of fil- ock does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pursuant to 605,020 ry filing requirements, this date will not be listed a
record specifies a delayed he 90th day after the reco		ctive time, at 12:01 a.m. on the earlier o
ed	2019	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00