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R. WHATE.
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COVER LETTER

TO:

	istration Se ision of Cor			
eun irat.		JIDORA FET16 CA LLC		•
SUBJECT:	-	Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		VANESSA VARGAS NO	GUERA	·
			Name of Person	
		REGISTERED AGENT		
			Firm/Company	
		7961 NW 68 ST		
			Address	
		MIAMI FL 33166		
			City/State and Zip Code	
		CONSULTANMORENO@	•	
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please co	all:	
NOHORA N	MORENO		954 9525697 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	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)
	iling Address		<u>Street Address:</u> Registration Se	ection
•	•	orporations	Division of Co	
). Box 632		The Centre of	
Tal	lahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7.7. 27 7.111:51

DISTRUBUIDORA FET16 CA 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 FLORIDA	and assigned	ļ
Florida document number L20000068935			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
DISTRIBUIDORA FET16 CA LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7961 NW 68 ST, MIAMI	FL 33166	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new regi	ister
agent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street a	address	
		Florida	
	City	_, Florida 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>	Name	Address	Type of Action
			□Remove
			□Add
			□Remove
			Change
.			
			□Remove
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			□Remove
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			□Add
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			□Change

Page 2 of 3

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