## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FL DIST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Please note: Correcting manager's and Presiden's name from Guilhermo to Guillermo

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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FL DIST LLC		·	
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on or ad Liability Company)	ır records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000070889</u>	ny were filed on 03/06/20	20 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	······		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our record	ls, enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
119.11.10.8011.01.11.11.11.11.11.11.11.11.11.11.11.	Enter Florida sweet address		
		, Florida	
	City	хи Соле	
New Registered Agent's Signature, if changing Registered Age		and the second of the second o	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my ( as provided for in Chap	tuties, and Fam Jamiliar with and ter 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	GUILLERMO FERNANDEZ RIONDA	6000 ISLAND BLVD,	□Add
		NIT 2008	□Remove
		AVENTURA, FL 33160	<b>≘</b> Change
PRE	GUILLERMO FERNANDEZ RIONDA	6000 ISLAND BLVD.	
		NIT 2008	Remove
		AVENTURA, FL 33160	<b>■</b> Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			☐ Change
			Remove
			☐Change

Dated_	rch 16th 2020							
	(Vale)							
	Signature of a member or authorized representative of a member							
Carlos M Alvarez, Attorney-in-Fact								
Typed or printed name of signee								