L20000297537

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: VOK		ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VIVIO	ona Hurtado Name of Person	
	Velsa	Distributors LL(<u></u>
	9940 Ri	nuer Run Circle S	Hiramar
	Mirama	r, fL 33025 City/State and Zip Code	
	Velsadistrik E-mail address: (1	wtors Egmail. com	lication)
For further information c	oncerning this matter, please co	all:	
Villana H	tvtado FPerson	at (<u>954</u>) <u>609</u> - Area Code Daytime	440 3 Telephone Number
Enclosed is a check for the	ne following amount:		
▼ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Velsa Distributors	LLC	
(Name of the Limited Liability Compa (A Florida Limited E	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000297537</u> .	were filed on 09-21-2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the abbr	
(Principal office address MUST BE A STREET ADDRESS)	Miromar, fl 330	25
Enter new mailing address, if applicable:	9940 River Run C	ircle. S
(Mailing address MAY BE A POST OFFICE BOX)	Muamar H 3302	<u>S</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	othe new registered
Name of New Registered Agent:		SS 1
New Registered Office Address:	Enter Florida street address	
		1: 16
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New 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 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
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			□Remove
			□Change
			🗆 🗀 Add
			□Remove
			□Change
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Filing Fee: \$25.00