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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
San Jose Di	stributors 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:	
	Andres Cerezo		
		Name of Person	
	San Jose Distributors LLC		
		Firm/Company	
	12850 SW 31st		
		Address	
	Mirmar, FL 33027		
	andres.cerezo@sanjosedist.c	City/State and Zip Code	
	•	to be used for future annual report not	itication)
For further information c	oncerning this matter, please co		
Andres Cerezo	•	954 381-6614	
		at ()	ne Telephone Number
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
	☐ \$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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	=	The Centre of	-
Tallahassee, l			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

San Jose Distributors LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w L21000069878 Florida document number	ere filed on Feb 10th 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	*Company," the designation "LLC" of	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:		- Eis
(Mailing address MAY BE A POST OFFICE BOX)		
		ω
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	-
	, Flor	
	City	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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Luis Edmundo Mejia Astorga	16461 SW 28th st Miramar FL 33027	≣Add
			□Remove
			Change
AMBR	Maria Mercedes Mejia Rendon	16461 SW 28th st Miramar FL 33027	≅ Add
			Remove
			Change
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			☐Remove
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fective date, if other than the date of filing:	the applicable st	of filing or more than atutory filing requir	(option 90 days after fi ements, this c	i ai) ling.) Pu late wil	rsuant to 605 I not be liste
ecord specifies a delayed effective date, but not an e is filed.	ffective time, at	12:01 a.m. on the e	arlier of: (b)	The 9	Oth day after
August 23rd 20	121				
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