

L21000120484

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

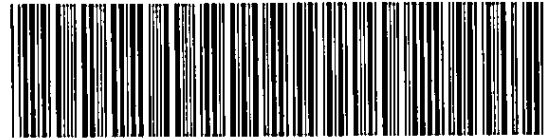
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**MEMBERS REMOVAL AND NAME CORRECTION**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS D BARRIOS

\_\_\_\_\_  
Name of Person

DISTRIPRODUCTSAS LLC

\_\_\_\_\_  
Firm/Company

1446 Lexington Ave

\_\_\_\_\_  
Address

DAVENPORT, FLORIDA, 33837

\_\_\_\_\_  
City/State and Zip Code

L.BARRIOS@DISTRIPRODUCTSAS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS D BARRIOS

832 665 8006

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

DISTRICPRODUCTSAS 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 05-25-2021 and assigned  
Florida document number L 21000120484

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DISTRIPRODUCTSAS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1446 LEXINGTON AVE

DAVENPORT, FL, 33837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida

*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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO ✓	WILLIAM RODRIGUEZ		<input type="checkbox"/> Add
		CALLE 40A# 26-25 BUCARAMANGA, COL., 680011	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO ✓	CESAR E PALACIO		<input type="checkbox"/> Add
		CALLE 39# 84 EL VERGIE, COL., 410007	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO ✓	JUAN C DE SALES *		<input type="checkbox"/> Add
		CARRERA # 71-25, CARTAGENA, COL., 130002	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO ✓	FERNANDO M CASTILLO		<input type="checkbox"/> Add
		CARRERA 77A# 85-730, FLORESTA, COL., 080001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

2021

Dated \_\_\_\_\_, \_\_\_\_\_

Bjer

LUIS D BARRIOS

Typed or printed name of signee