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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: DISTRIBUTION	MORENO INC			
DOCUMENT NUMBE	R:	017178			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
	HERI	BERTO MORENO			
Name of Contact Person					
	/	Wito me	(
	,	Firm/ Company			
	819 NW 37 AVE				
Address				— = :	
MIAMI, FL 33125				717 850	6
City/ State and Zip Code					E E
	YRC.SEI	RVICES@YAHOO.COM			19
	E-mail address: (to be u	sed for future annual report	notification)	April 1	≱ :
For further information c	oncerning this matter, pleas	se call:			Ail II: 06
HERIBERTO MORENO	0	at (815-4549		
Name of 0	Contact Person	Area Co) de & Daytime Telephone Nui	mber	
Enclosed is a check for the	he following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DISTRIBUTION MORENO INC

P5000017178	tu with the Florida Dept	t. of State)	
(Document Number of Con	poration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation ac	lopts the following	g amendment(s)
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	A professional corpora		
B. Enter new principal office address, if applicable:	819 NW 37 AVE		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33125	₩.c	
		ECA.	6 T)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	819 NW 37 AVE	JASSET ASSET	9
_	MIMI, FL 33125	7.5	
			8
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	n Florida, enter the nan	ne of the	
Name of New Registered Agent CHANGE OF	ADDRESS		
819 NW 3	7 AVE		
(Florida street a	ddress)		
New Registered Office Address: MIAMI		, Florida $\frac{33125}{2}$	
New Registered Office Address. (City)	(Zip C	adel

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

ί,

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example:	·		•
X Change		John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	P	HERIBERTO MORENO	819 NW 37 AVE
Add			MIAMI, FL 33125
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damous			

Attach additi	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)	
		•
	•	
	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:	
(if not a	pplicable, indicate N/A)	
· 		

AUGUST 15, 2016 The date of each amendment(s) adoption:	, if other than the
date this document was signed.	_, ii ottici tilali tije
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	16 A
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	AUG 19
08/15/2016	
Signature Polito proceso	AM II: 06
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed inductary by that inductary)	
HERIBERTO MORENO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person cigning)	