## P24000008581

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to		
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	J. H	ORNE
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DIST	RIBUCIONES	LIONS CORP		
OCUMENT NUMBER: P2400008581				
The enclosed Articles of Amendment a		nitted for filing.		
Please return all correspondence conce	rning this matte	er to the following:		
RUBEN FERNA	ANDEZ TROC	ONIS		
		Name of Contact Persor		
DISTRIBUCIO	NES LIONS CO	ORPP		
		Firm/ Company		
11127 W 32ND	LN			
	Address			
HIALEAH, FL	33018			
		City/ State and Zip Code	2	
CRR@CRRACO	COUNTINGSE	RVICES.COM		
~		for future annual report	notification)	
For further information concerning this	matter, please	call:		
RUBEN A FERNANDEZ		at (	417 7938	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for the following a	mount made pa	yable to the Florida Depa	artment of State:	
■ \$35 Filing Fee □\$43.75 F  Certificat	iling Fee & e of Status	S43.75 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 The Co	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

DISTRIBUCIONES LIONS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)  P24000008581  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amedian its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  Aname must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." Inc.," or "Co." A professional corporation name must contain the word "corporation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or the new registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  N/A  (Florida street address)  N/A  (Florida street address)  N/A  New Registered Office Address:  N/A  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Name (	Composition of autom	the Glad with the Florida Dan	
(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following among the Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  The, now name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.  The, or Co., or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A.  B. Enter new principal office address, if applicable:  (Principal office address, MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  N/A  (Florida street address)  N/A  (Florida street address)  N/A  (City)  (City)  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	·	of Corporation as curren	tty med with the Florida Dep	(i. 01 State)
Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amedian at Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  The "memoing name, enter the new name of the corporation:  N/A  The "memoing name, enter the new name of the corporation:  N/A  The "memoing name, enter the new name of the corporation:  N/A  The "memoing name, enter the new name of the corporation:  N/A  The "memoing name, enter the new name of the corporation:  "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co". A professional corporation name must contain the wor "chartered," "professional association." or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  N/A  D. If amending the registered agent and/or registered office address:  N/A  (Florida street address)  N/A  (Florida street address)  N/A  New Registered Office Address:  N/A  (City)  New Registered Agent's Signature, if changing Registered Agent:  (City)  New Registered Agent's Signature, if changing Registered Agent:  (I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	P24000008581			
Pursuant to the provisions of section 607, 1006. Florida Statutes, this Florida Profit Corporation adopts the following amedian at Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  The "memory be distinguishable and comain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  Principal office address MI/ST BE A STREET ADDRESS  C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  N/A  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  (Florida street address)  N/A  (Florida street address)  N/A  (Florida street address)  N/A  (Florida street address)  N/A  (City)  New Registered Office Address:  N/A  New Registered Office Address:  N/A  (City)  New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		(Document Number	of Corporation (if known)	14 美元
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Compared   Compared		ame of the corporation:		G. O.
8. Enter new principal office address MUST BE A STREET ADDRESS )  C. Enter new mailing address MUST BE A STREET ADDRESS )  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  N/A  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  New Registered Office Address:  N/A  (Florida street address)  N/A  (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Inc.," or Co.," or the designation "C	Corp," "Inc," or "Co".	A professional corporation n	
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hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
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Signature of New Pagistared Agent, if changing	no coy accept the appointment as region	erea agem. 7 am jamma	will all decept the obligation	io of the position.
Signature of Non-Pagistared Agent, if changing				
Signature of New Pagintary d Agent if changing				
Signature of New Registered Agent, if Undright		Signature of New	Registered Agent, if changing	
Check if applicable	Ch. Life Hisbl			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VTD	GABRIEL DANIEL GUTIERREZ	11127 W 32ND LN
X Add			HIALEAH, FL 33018
Remove			
2) Change			
Add			<del></del>
Remove 3 ) Remove		_	
Add			
Remove			
4) Change			
Add			
Remove			,
5) Change			
Add		<del></del>	
Remove			
6) Change			
Add	<u> </u>		
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	133
<del></del>	
E. If an amandment provides for an evol	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
N/A	
<del></del>	<del></del>

.

	, if other than the
date this document was signed. 02/21/2024	
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 applicated document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or be action was not required.	oard of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thro must be separately provided for each voting group entitled to v	
"The number of votes cast for the amendment(s) was/were	e sufficient for approval
by	. *
by(voting group)	
02/21/2024	
Dated	<del></del>
Signature	
	er – if directors or officers have not been hands of a receiver, trustee, or other court
RUBEN A FERNANDEZ TR	OCONIS
(Typed or printed n	ame of person signing)
PRESIDENT	<i></i>
(Title of person sign	nine)