

L10000132167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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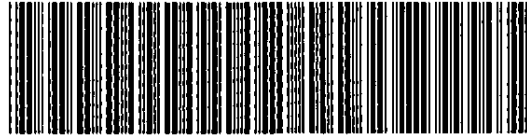
(Business Entity Name)

(Document Number)

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11 JUL -5 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL - 6 2011

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OD DISTRIBUTION, LLC  
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:

HAROLD GUBNITSKY  
Name of Person

OD DISTRIBUTION, LLC  
Firm/Company

4474 WESTON ROAD, SUITE 231  
Address

WESTON, FL: 33331  
City/State and Zip Code

HAROLD@ODDISTRIBUTION.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAROLD GUBNITSKY at (954) 661-6505  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
11 JUL -5 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OD DISTRIBUTION, 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 12/29/2010 and assigned Florida document number L10000132167.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

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: BRUCE ALLEN GUBNITSKY  
New Registered Office Address: 4474 WESTON ROAD, SUITE 231  
*Enter Florida street address*  
WESTON, Florida 33331  
*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 608, 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.

Bruce A. Gubnitsky  
If Changing Registered Agent Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TRACEY N. JONES	4474 WESTON ROAD, SUITE 231 WESTON, FL 33331	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BROUCE ALLEN GUBNITSKY	4474 WESTON ROAD, SUITE 231 WESTON, FL 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated JUNE 29, 2011

*Brouce Allen Gubnitsky*  
Signature of a member or authorized representative of a member

BROUCE ALLEN GUBNITSKY  
Typed or printed name of signee