L06000090826

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ACCOUNT NO. : 072100000032 REFERENCE 4311863 AUTHORIZATION ORDER DATE : July 3, 2007

ORDER TIME : 3:34 PM

ORDER NO. : 981129-005

CUSTOMER NO: 4311863

DOMESTIC AMENDMENT FILING

NAME:

ALL AMERICAN HOME PRODUCTS,

LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All American Home Products, LLC

(Present Name) (A Florida Limited Liability Company) The Articles of Organization were filed on September 15, 2006 and assigned document number L0600090826 FIRST: SECOND: This amendment is submitted to amend the following: Please see the attached Amended and Restated Articles of Organization. Dated June 23 Signature of a member or authorized representative of a member Kichard

Filing Fee: \$25.00

AMENDED AND RESTATED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	******	
The name of the	Limited Liability Compa	any is:
All American H	lome Products, LLC	
		, "Limited Company" or their abbreviation "LLC," or "L.C.,")
	, ,	
ARTICLE II - A		Sala main simple office of all a T imited T in 1116. Character in
The mailing addi	ess and street address of	the principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
3055 NW 60th St	reet	3055 NW 60th Street
Fort Lauderdale, I	FL 33309	Fort Lauderdale, FL 33309
(The Limited Liability		stered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
·		of the registered agent are:
	Blank Rome LLP	
		Name
	1200 N. Federal H	lighway, Suite 417
	· ————————————————————————————————————	reet address (P.O. Box <u>NOT</u> acceptable)
	· ————————————————————————————————————	reet address (P.O. Box <u>NOT</u> acceptable) FL 33432
	Florida st Boca Raton	00.400

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..

Registered Report's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Man: "MGRM" = Ma	ager anaging Member	Name and Address:
MGRM		Richard Stein
		4323 Tranquility Drive
	,	Highland Beach, FL 33487
	:	
	•	
		*
Use attachmen	t if necessary)	
	e date, if other than t isted, the date must date of filing.)	
LE V: Effective fective date is li days after the c	e date, if other than tisted, the date must date of filing.) IGNATURE:	t be specific and cannot be more than five business da
LE V: Effective fective date is li days after the c	e date, if other than tisted, the date must date of filing.) IGNATURE:	the date of filing:, (OPTION to be specific and cannot be more than five business date of an authorized representative of a member.
LE V: Effective fective date is li days after the c	e date, if other than tisted, the date must date of filing.) IGNATURE: Signature of a men (In accordance with of this document co	t be specific and cannot be more than five business da
LE V: Effective fective date is li days after the c	e date, if other than to isted, the date must date of filing.) IGNATURE: Signature of a men (In accordance with of this document contact that the facts state	the specific and cannot be more than five business dance of an authorized representative of a member. section 608.408(3), Florida Statutes, the execution anstitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)