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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

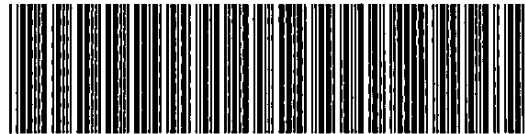
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIABETIC WHOLESALERS 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:

JOHN S. JACKSON

(Name of Person)

DIABETIC WHOLESALERS LLC

(Firm/Company)

44 Live Oak Circle

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

John Jackson

(Name of Person)

at (561) 348-0785

(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

Diabetic Wholesalers LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 10/26/06 and assigned
document number L06000104325.

SECOND: This amendment is submitted to amend the following:

Please add the following as the
sole managing member

John S. Jackson
44 Live Oak Circle
Tequesta, FL 33469
[REDACTED]

Also change mailing address to: Diabetic Wholesalers LLC
177 N. US Highway 1
194
Tequesta, FL 33469

Dated 10/30/2006

[Signature]
Signature of a member or authorized representative of a member

John S. Jackson
Typed or printed name of signee

Filing Fee: \$25.00

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