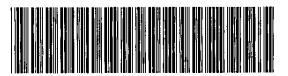
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(Re	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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OCT 29 2014 J. HARRIS

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	14 mm - 10		
Octogon Sports Nut	rition, LLC		
			_
			
			Art of Inc. File
		 7 -	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETH	10/27/14		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
ivallic	Daic	TIME	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Octogon Sports Nutrition, LLC		
(Name of the Limited Lis (A Fig.	ability Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L10000027966	by Company were filed on March 12, 2010	and assigned
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
Octagon Sports Nutrition, LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3
(Principal office address MUST BE A STREET AL	DDRESS)	EC.
		2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
		00
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	三 驻至
		0 %
B. If amending the registered agent and/or registered agent and/or the new registered office a		er the name of the nev
Name of New Registered Agent:	1547	
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

Authorized Member being added or removed from our records:

lanager uthorized Member		
Name	<u>Address</u>	Type of Action
		Add
		□ Remove
		□ Remove
	= -11	□ Remove
		□ 63
		2 Remove State 20
		: 20 Add
		□ Remove
		Remove
	uthorized Member	Name Address

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective	date, if other than the date of filing: e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated Oc	2014
	Signature of a member or authorized representative of a member
	Mark Bryn, Authorized Representative
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00