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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

; C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FMP ACQUISITION, LLC

| Certificate of Status | 0 |
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| Page Count | 04 |
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C. LEWIS JUN 2 1 2010

EXAMINER

COVER LETTER

| | ration Section n of Corporations | | | |
|---------------------------------------|--|--|---|--|
| SUBJECT: | FMP | Acquisition, LLC | | |
| | Name of Lim | ited Liability Company | | |
| The enclosed Ar | ticles of Amendment and fee(s) are su | omitted for tiling. | | |
| Please return all | correspondence concerning this matter | to the following: | | |
| | Jero | y Kish, Chief Financial Officer | | |
| | | Name of Person | | |
| · | | The Kennedy Group Inc. | • | |
| | | Firm/Company | | |
| | | 38601 Kennady Parkway | | |
| | | Address | | |
| | | Willoughby, Ohio 44094 | | |
| | | City/State and Zip Code | | |
| | E-mail address: (| jkish@kennedygrp.com to be used for future manual report notifican | on) | |
| For further infor | mation concurring this matter, please of | calf: | | |
| | Jerry Kish | at (440) 9: Arcs Code & Daytime Te | 51-7660 | |
| | Name of Person | Arca Code & Daytimê Te | elephone Number | |
| Enclosed is a che | eck for the following unount: | | | |
| \$25.00 Piling | Fee \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | | • | | |
| MAILING ADDRESS: Registration Section | | STREET/COURIER Registration Section | ADDRESS: | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassoo, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahussee, FL 32301

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010 JUN 18 AM 8 85

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| ** ********************************** | , FMP Ac | quisition, LLC | | |
|--|---|---|---|---|
| (<u>Nam</u> | o of the Limited Liability Cor (A Florida Limit | npany as it now appear ed Liability Company) | s on our records,) | |
| The Articles of Organization for Florida document number | | any were filed on | June 2, 2010 | and assigned |
| This amendment is submitted to | amend the following: | | | |
| A. If amending name, enter the | ne new name of the limited | liability company here | <u>.</u> | |
| | Florida Marki | ng Products, LLC | | |
| The new name must be distinguish "L.f.C." | nable and end with the words "I | Limited Liability Compan | ny," the designation "Li | .C" or the abbreviation |
| Enter new principal offices ad | dress, if applicable: | <u> </u> | , | |
| (Principal office address MUS: | T BE A STREET ADDRESS | <u> </u> | | |
| Enter new mailing address, if (Mailing address MAY HE A P B. It amending the register registered agent and/or the ne | OST OFFICE BOX) ed agent and/or registered | office address on o | ur records, enter th | |
| Name of New Registe | red Agent: | | | |
| New Registered Office | : Address: | | | |
| | | Enter Florida street address | | |
| • | | | , Florida | |
| | , | Clty | | Zip Code |
| New Registered Agent's Signatu | re, if changing Registered Ag | ent: | | |
| I hereby accept the appointment the provisions of all statutes raccept the obligations of my pheing filed to merely reflect a company has been notified in | elative to the proper and co position as registered agent change in the registered of | emplete performance (as provided for in Ch | of my duties, and I at apter 608, F.S. Or, i | n familiar with and f this document is |

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

If smending 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 = Mai MGRM = M | lanughg Monber nagar | | |
|-----------------------|--|--|---------------------|
| Title | Name | Vagares3 | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| · · | | | Add Ramove |
| | | | Add Remove |
| . | | · | Add Remove |
| | | | Add Remove |
| D. If amend | ieg any other information, cater chang | e(s) here: (Attach addictonal sheets, if necessary.) | |
| _ | | | |
| | | . ' | - 27 |
| Dated | Signature of a member | or authorized representative of anicmber | TALLAHASSEE FLORIDA |
| | Турса | Todd connects or printed name of signee | FFF STA |
| - | F | Page 2 of 2 iling Fee: \$25.00 | ATE ATE |

PLOKE - OLICH 2007 C.T. Bystom Called