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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

Phone : (727)442-1200

Fax Number

: (727) 443-5829

Enter the email address for this business entity to be used for future< annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORMULA DISTRIBUTION, LLC

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7/2/2013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FORMULA DISTRIBUTION, LLC | | • |
|--|---|---|
| (Name of the Limited Liability Co | ompany as it now appears on our records | <u>i.)</u> |
| (A Piorida Lim | nted Liability Company) | |
| The Articles of Organization for this Limited Liability Con- | npany were filed on 05/30/2012 | and assigned |
| Florida document number L12000072112 | | , |
| Florida document number = | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Company," the designat | ion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | , <u>, , , , , , , , , , , , , , , , , , </u> |
| (Principal office address MUST BE A STREET ADDRES | 22) | |
| | | 1 66 E |
| , | | SS -2 |
| Enter new mailing address, if applicable: | | 70 - PT |
| (Mailing address MAY BE A POST OFFICE BOX) | | S.O. |
| | | RAI : |
| | | 15 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | ed office address on our records, en s here: | ter the name of the new |
| Name of New Registered Agent; | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | | |
| | Enter Florida stree | t address |
| | , Flortd | |
| | City | Zip Code |
| Albert Handahamad Amaméla Dimanéssan (P.T misa Disastatawad A. | - | |

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.

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>N</u> ame | Address Type of A | ction | | | |
| MGR | JEFFREY SHURTLEFF | 1001 W. CLEVELAND ST. | .dd | | | |
| | | TAMPA, FL 33606 | move | | | |
| MGR | JS MANAGEMENT OF TAMPA, L.L.C. | 275 BAYSHORE BLVD., UNIT 1405 | dd | | | |
| | | TAMPA, FL 33606 | сто∨е | | | |
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| if amending | any other in | formation, en | ter change(s) herc: | (Attach additional sheets, | if necessary.) |
|-------------|--------------|----------------------|---------------------|------------------------------|----------------|
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| JE | FFREY | G, SHUR ⁻ | TLEFF | | |
| | | | Typed or printed a | name of signee | |

Page 3 of 3

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