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March 27, 2014

FLORIDA DEPARTMENT OF STATE

KEEP DRY HYGIENE DISPOSABLES LLC Division of Corporations 1750 NW 107TH AVENUE

UNIT P-401

DORAL, FL 33172

SUBJECT: KEEP DRY HYGIENE DISPOSABLES LLC

REF: L12000087630

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Tammi Cline Regulatory Specialist II

FAX Aud. #: R14000072767 Letter Number: 514A00006524

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEEP DRY HYGIENE DISPOSABLES LLC (Name of the Limited Liability Company as it now appears on opr records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07-03-2012 Florida document number L12000087630 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Hability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevision "LLC" 3426 WEST 84TH STREET Enter new principal offices address, if applicable: SUITE 103-I (Principal office address MUST BE A STREET ADDRESS) HIALEAH FL 33018 3426 WEST 84TH STREET Enter new mailing address, if applicable: SUITE 103-I (Mailing address MAY BE A POST OFFICE BOX) HIALEAH FL 33018 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 3426 WESTG 84TH STREET SUITE 103-I New Registered Office Address: Enter Plorida spient address

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.

Cin

HIALEAH

If Changing Registered Agent, Signature of New Registered Agent

Florida <u>33</u>018

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:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name | Address Type of Action 4637 NW 97TH CT MGR JUAN RICCOBONO Remote **DORAL FL 33178** 三 9 0 0 □ Remove □ Add □ Remove D Add _ Remove _□ Remove D Add ☐ Remove

E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated MARCH 21, 2014	SECRETARY OF STA	2014 MAR 27 AM 88 1	222
Signature of a momber or authorized representative of a member JUAN RICCOBONO Typed or printed name of signace	C)rn }•	- ණ -	