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| ION SERVICE COMPANY | | | |
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| ACCOUNT NO. | : | 12000000 | 0195 |
| REFERENCE | : | 527823 | 162285A |
| AUTHORIZATION | : | | 100 |
| COST LIMIT | : | \$ 25 | Spull sends |
| ORDER DATE : February 11, 2013 | | | |
| ORDER TIME : 1:30 PM | | | |
| ORDER NO. : 527823-005 | | | |
| CUSTOMER NO: 162285A | | | |
| DOMESTIC AME NAME: GARBOCA LLC | נותני | WENT LITT | <u>NG</u> |
| EFFECTIVE DATE: | | | |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCOR | RPOI | RATION | |
| PLEASE RETURN THE FOLLOWING AS F | PROC | OF OF FIL | ING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STAN | IDI | V G | |
| CONTACT PERSON: Harry B. Davis | - - | EXT# 292 | 5 |
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COVER LETTER

| TO: Registration Solution of Col | | | | | |
|----------------------------------|---------------------------------------------|--------------------------------------------------------------------|---------------------------------------|-----------------------------|------------------------------------------------|
| SUBJECT: GARBO | · · · · · · · · · · · · · · · · · · · | | | | |
| | (Name of Lim | ited Liability Company) | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | |
| | Edward F. Duffy, Esq. | | | | |
| | | (Name of Person) | | | |
| | Eiseman Levine Lehrh | aupt & Kakoyiannis, PC | | | |
| | | (Firm/Company) | | | |
| | 805 Third Avenue, 10 | th Floor | | 2013 FEB 1 | : " 1 |
| | | (Address) | · · · · · · · · · · · · · · · · · · · | 6 | ر المام المديد المام المديد المام المديد |
| | New York, New York | 10022 | | کانگرون مارک | Ì |
| | | (City/State and Zip Code) | | | |
| For further information of | concerning this matter, please c | all: | | MID LO | |
| Edward Duffy | | at (212) 752-1000 | | | |
| (Name | of Person) | (Area Code & Daytime T | elephone Number) | 1 | |
| Enclosed is a check for t | he following amount: | | | | |
| □ \$25.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| of Status & |) |
| | | | | | |

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

| GARBO | | | | |
|----------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) | | | |
| (A Frontia British | saomy company) | | | |
| The Articles of Organization for this Limited Liability Company | were filed on September 5, 2012 | and assigned | | |
| Florida document number L12000113737 | | | | |
| | • | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | sility compony here: | | | |
| | mity company nere. | 7.0 23 | | |
| GARCENTRAL LLC | | 11 1 (CO) | | |
| The new name must be distinguishable and end with the words "Lim" "L.L.C." | ited Liability Company, the designation | in "LLC" or the abbreviation | | |
| | 1.C. and IDvine | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Enter new principal offices address, if applicable: | 1 Commercial Drive | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Area E | | | |
| | Florida, New York 10921 | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | | तृत 👣 | | |
| Enter new mailing address, if applicable: | 1 Commercial Drive | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Area E | · · · · · · · · · · · · · · · · · · · | | |
| | Florida, New York 10921 | | | |
| | | | | |
| B. If amending the registered agent and/or registered of | | er the name of the new | | |
| registered agent and/or the new registered office address her | <u>e</u> : | | | |
| | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | (Enter Florida street address) | | | |
| | | | | |
| | (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 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.

| MGR = Ma MGRM = N | nager Aanaging Member | | |
|----------------------|--------------------------------|------------------------------------------------|----------------|
| Title | <u>Name</u> | Address | Type of Action |
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|). If amend | ling any otber information, en | ter change(s) here: (Attach additional sheets, | if necessary.) |
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| Dated Febr | Glant | 2013 2013 | |

Page 2 of 2

Filing Fee: \$25.00