

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CNS DISTRIBUTORS, LLC

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A. LUNT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

CNS Distributors, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Principal Office Address: 1515 Federal Highway, Boca Raton, FL 33432

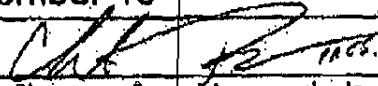
Mailing Address: 208 Newtown Road, Plainview, NY 11803

Article IV: Charles Powers, 208 Newtown Road, Plainview, NY 11803

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: December 13 2012


Signature of a member or authorized representative of a member

Charles Powers

Typed or printed name of signer

Filing Fee: \$25.00
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TALLAHASSEE, FLORIDA
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