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J. HARRIS

		istration Sec ision of Corp				
SUBJEC	<b>"T"</b> .	BM FOODS	SLLC			
SUBJEC	.1.		Name of Lin	nited Liability Company	<del></del> _	<del></del>
The enclo	osed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please ret	lurn	all correspor	ndence concerning this matter	to the following:		
			SAUL MISHKIN		,	
				Name of Person	<del></del>	
			NEX-XOS WORLDWIDE	ELLC		
				Firm/Company		
			1922 TIGERTAIL BLVD	BUILDING 12		
				Address		
			DANIA BEACH FL 33004	4		
			<u> </u>	City/State and Zip Code	<del></del>	
			SAUL@NEX-XOS.COM			·
			·	to be used for future annual re	eport notification)	
For furthe	r in:	formation co	ncerning this matter, please ca	all:	v	
SAUL MI	ISH	KIN		305 890- at ( )	4636	
		Name of	Person	Area Code	Daytime Telephor	e Number
Enclosed i	is a	check for the	e following amount:			
\$25.00	0 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		•		·		

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

BM FOODS LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 09/03/2013	and assigned
Florida document number L13000124140	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	. <u>.</u>
NEX-XOS DISTRIBUTION LLC		
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ASS TO
Principal office address MUST BE A STREET ADDRESS	()	
	·	
		77.72 OS 1
Enter new mailing address, if applicable:		mo E (i)
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	· -	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter rioriaa street daaress	
	, Flori	da
	Cuy	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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager

AMBR ≈ Aı	uthorized Member		,
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
<u>.                                    </u>		· <u>· · · · · · · · · · · · · · · · · · </u>	. <u>~ - </u> □-Add
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	Signature o	f a member of author	ized representative of a	mentber	55.5
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Filing Fee: \$25.00