

09/07/2008 2:43

L14000150485

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (713) 429-1276

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

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GLOBAL PROTEIN ONE, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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T. HAMPTON

Friday, September 26, 20

H14000 226 4043

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GLOBAL PROTEIN ONE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

14 SEP 30 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/25/2014Florida document number L14000150485

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:GLOBAL PROTECTION ONE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**Name of New Registered Agent:New Registered Office Address:*Enter Florida street address*

_____, Florida

*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 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 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(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 09/26, 2014

Signature of a member or authorized representative of a member

NICKOLAS J. SPRADLIN AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

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