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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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 YIDA BRANDS, LLC

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9 HAR -5 AM ID: 35 ECRETARY OF STATE

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

YIDA BRANDS, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) puny)
The Articles of Organization for this Limited Liability Company were filed	on 09/24/2015 and assigned
Florida document number 1.15000163628	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	iny here:
The new name must be distinguishable and contain 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)	

3. If amending the registered agent and/or registered office addressistered agent and/or the new registered office address here: Name of New Registered Agent:	ess on our records, <u>enter the name of the</u>
New Registered Office Address:	
En	torFloridastreet address
	, Florida
Cin	, Florida ZipCode

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	SCHMIDT, PETER H, II	115 PERMIETER CENTER PL S TERR STE 170	
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			☐ Change
MGR	Carta Warner	578 Kennedy Road	⊒ Add
		Akron, OH 44305	□ Remove
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reco	ord specifie 90th day af	s a delaye ter the rec	d effective cord is file	/e date, ed.	but not	an effect	ive time	, at 12:0	la.m.	on the earl	er of
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Page 3 of 3

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