

L18000083147

Kim Tadlock 800323572

05/17/2018 11:39:28 AM

Florida Department of State  
Division of Corporations  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32399

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OSW DISTRIBUTION LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$55.00 |

K. GALT

MAY 18 2018

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FILED

18 MAY 17 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: OSW DISTRIBUTION LLC**SECOND:** The Florida Document number of the limited liability company is: L18000083147**THIRD:** Document to be corrected is: Articles of Organization**(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:

**Incorrect Statement:** Article IV: Management - Marc Magliacano was incorrectly listed as a Manager and Secretary.

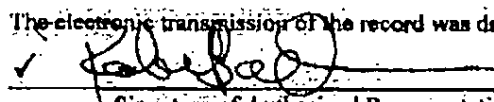
**Correct Statement:** Marc Magliacano should be deleted as a Manager and Secretary.

**OR**

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

**OR**

- ☐ The electronic transmission of the record was defective:

✓ 

May 2, 2018

Signature of Authorized Representative Robert C. Boehm

Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)