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| (Reque | estor's Name) | |
|------------------------------|----------------|-----------|
| (Addre | ss) | |
| (Addre | ss) | |
| (City/S | tate/Zip/Phone | e#) |
| PICK-UP | WAIT | MAIL |
| (Busin | ess Entity Nan | ne) |
| (Docur | ment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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FILED
2001 OCT 16 P 2: 43
SECRETARY OF STATE,
TALLAHASSEE, FLORID,

COVER LETTER

| Division of | n Section Corporations | | | | |
|--|---|---|---|---------------------------------------|---|
| _{SUBJECT:} SOU | RCE INTERLINK DIS | TRIBUTION, LLC | | | |
| , | | eign Limited Liability (| Company) | <u></u> | - |
| Dear Sir or Madam: | | | | | |
| The enclosed application | ation, certificate and fee(s) | are submitted for filing. | | | |
| Please return all corr | respondence concerning this | s matter to the following | g ; | | |
| MARIE ROSI | E WILLIS | | _ | | |
| | (Name of Person) | | • | | |
| SOURCE INT | ERLINK DISTRIBI | JTION, LLC | _ | ZOO SE TAL | |
| | (Firm/Company) | | _ | 2001 OCT 16 SECRETARY NLLAHASSE | |
| 27500 RIVER | RVIEW CENTER B | LVD. | | TARY CASSEE | |
| | (Address) | · | | P 2: 43 OF STATE FLORIDA | C |
| BONITA SPE | RINGS, FL 34134 | | | ATE ATE | |
| , | (City/State and Zip Co | de) | | ≫ ω | |
| For further informat | ion concerning this matter, | please call: | | | |
| MARIE ROSE \ | WILLIS | at (239 | 949-4450 | | |
| (N | ame of Person) | (Area Code & | k Daytime Telephon | e Number) | |
| Registration Division of Clifton Bui 2661 Exect | `Corporations | tion Registration Section Forations Division of Corporations P.O. Box 6327 Center Circle Tallahassee, Florida 32314 | | | |
| Enclosed is a check | for the following amount | i | | | - |
| ✓ \$25 Filing Fee | \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | □\$60 Filing F Certificate o Certified Co | f Status & | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

| 1. | Name of limited liability company as it appears on the records of the Florida Department State: CHAS. LEVY CIRCULATING CO. LLC | nt of |
|----|--|-------|
| 2. | Jurisdiction of its organization: DELAWARE | |
| 3. | Date authorized to do business in Florida: 1/11/2007 | |
| | SECTION II (4-7 complete only the applicable changes) | |
| | If the amendment changes the name of the limited liability company, where the change effected under the laws of its jurisdiction of organization? | П |
| 5. | New name of the limited liability company: SOURCE INTERLINK DISTRIBUTION, LES | |
| | If the amendment changes the period of duration, indicate new period of duration: | |
| 7. | If the amendment changes the jurisdiction of organization, indicate new jurisdiction: | |
| 8. | If the amendment corrects any false statement, indicate the statement being correcte and the correction: | :d |
| 9. | Attached is an original certificate, no more than 90 days old, evidencing the aforementi amendment(s), duly authenticated by the official having custody of records in jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member | |
| | DOUGLAS I BATES | |

Filing Fee: \$25.00

Typed or printed name of signee

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CHAS. LEVY CIRCULATING CO. LLC", CHANGING ITS NAME FROM "CHAS. LEVY CIRCULATING CO. LLC" TO "SOURCE INTERLINK DISTRIBUTION, LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2007, AT 12:53 O'CLOCK P.M.

ZOOT OCT 16 P 2: 43
SECRETARY OF STATE

3118642 8100 071025798

Darret Smile Hindson

Harriet Smith Windsor, Secretary of Sta

AUTHENTICATION: 6007902

DATE: 09-18-07

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

- 1. Name of Limited Liability Company: Chas. Levy Circulating Co. LLC
- 2. The Certificate of Formation of the limited liability company is hereby amended as follows:

"The First Article of the Certificate of Formation is changed to read: The name of the Limited Liability Company is Source Interlink Distribution, LLC"

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 18th day of September, A.D. 2007.

Authorized Person(s)

Name: Douglas J. Bates