MU8000004311

(Reque	estor's Name)	
(Addre	ss)	
`	,	
(Addre	ss)	
		10
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	nent Number	<u> </u>
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



500187194225

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTACKT OF STATE

TO DEC 17 AM S. SE

B. KOHR
DEC 2 0 2010
EXAMINER



ACCOUNT NO.	:	12000000195
REFERENCE	:	61467,97 /48

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 17, 2010

ORDER TIME : 3:15 PM

ORDER NO. : 614679-010

CUSTOMER NO: 4803460

FOREIGN FILINGS

NAME: TOPSPIN-IDS ACQUISITION, LLC

	CORPORATE				
	LIMITED	PARTNERSH	ſΡ		
XX	LIMITED	LIABILITY	COMPANY		

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT#

EXAMINER:

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)

	6
1.	Name of limited liability company as it appears on the records of the Florida Department of State: TOPSPIN-IDS ACQUISITION, LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 09/23/2008
	SECTION II (4-7 complete only the applicable changes)
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 09/17/2010
5.	New name of the limited liability company: New Whey Nutrition, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")
Fle the	Fname unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")
6.	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:
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member
	Charles Walkley
	Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TOPSPIN-IDS ACQUISITION, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "NEW WHEY NUTRITION, LLC", THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2010, AT 3:41 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

4593363 8320

101204605

DATE: 12-17-10

AUTHENTICATION: 8437479

Jeffrey W. Bullock, Secretary of State

You may verify this certificate online at corp.delaware.gov/authver.shtml