## 216000036330

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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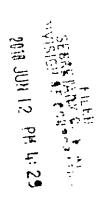
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N. CAUSSEAUX JUN 1 2 2018 TO: NAWETIE

FROM: RACHEL ANDERSON

RE. RIVER COUNTRY

FAX: 850-245-6030

FIVED PM 1:25 (i) Charles

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SCHOOL CONER

ATTENTION

N) ANETTE

## **COVER LETTER**

TO: Registration S Division of Co			
River Cou	ntry Grocers, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	•	
	Rachel Anderson		
		Namo of Person	·····
	River Country Grocers, LI	£	
		Firm/Company	
	56329 Maple Road		
	<del></del>	Address	<del></del>
	Astor, FI 32102		
		City/State and Zip Code	
	rivercountry property service	is@yahoo.com to be used for future annual report notif	icution)
For further information of	concerning this matter, please of	•	<i>reality</i>
Rachel Anderson		386 748-2964	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	, -		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

River Country Grocers, LLC			
(Name of the Limited Liabil (A Florid	ity Company as it now sonears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability (	and assig	gned	
Florida document number L16000036330	<del></del> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	uited liability company here:		
River Country Property Services, LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abi	previation 3.1.	.020.
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	E.	- C
		12	<u> </u>
		 	50 ED 67
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		22	-1-
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name o	f the nev
Name of New Registered Agent:			
New Registered Office Address:		<del>_</del>	
	Enter Florida street address		
	, Florida		<del></del>
	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 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Filing Fee: \$25.00