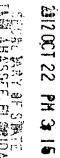
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## **COVER LETTER**

TO:	Registration Sec Division of Corp				
SUBJE	, C <b>T:</b>	Raw Material	s International, LLC		
		Name of Limit	ed Liability Company		
The enç	losed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspon	dence concerning this matter	to the following:		
			Kevin Rule		
			Name of Person		
	Fiduciary Support Services Ltd.				
			Firm/Company	***	
		6 Dickin	son Dr. Bldg. 200, Ste. 218	20 A	
			Address	5277 8 ·	***
		Ch	nadds Ford, PA 19317	CT 22 Ph	724
			City/State and Zip Code	i i i i i i i i i i i i i i i i i i i	7
		krule	@fiduciarysupport.com o be used for future annual report notifica		Ø€.
For furti	ner information co	ncerning this matter, please co	•	itoliy On	
	Kı	evin Rule	at ( 610 ) 70	65-6008	
· · · · · · · · · · · · · · · · · · ·	Name of		Area Code & Daytime T	elephone Number	
Enclose	d is a check for the	e following amount:			
<b>\$2</b> 5.	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)	
		NG ADDRESS: tion Section	STREET/COURIE Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)
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Adding address MAT BE A POST OFFICE BOX)
FT) con group to
egistered agent and/or the new registered office address here:
Dri en
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida

## 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Marinzoli	6 Dickinson Dr. Bldg. 200, Ste. 218 Chadds Ford, PA 19317	✓ Add ☐ Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
	<del> </del>		Add Remove
D. If amen	ding any other information, en	er change(s) here: (Attach additional sheets, if necessor	ary.)
 			2817 OCT 22 PM
	October 18th	<u>2012</u>	
_	And the	211	
	Signature of	a member or authorized representative of a member  Mark Marinzoli	
	<u> </u>	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00