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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
☐ PICK-UP ☐ WAIT ☐ MAIL						
7						
(Business Entity Name)						
(Document Number)						
Codifical Continues Codification of Change						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: A. LUNT						
- "						
JUL 12 2011						
EXAMINER						

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SEGRETARY OF STATE
ALLAHASSEE, FI ORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 2 3 Mobile Vending LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rose Marie Ruiz Name of Person	
RiB Mobile Vending, LLC Firm/Company	
18445 Creek Dr. Address Addr	
Chyrstate and Zip Code	\
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rose Marie Ruiz at (239) 980-2648 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ S25.00 Filing Fee &	

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**

(Name of the Limited Lia (A Flo	ability Company a prida Limited Liab	as it now appears (ility Company)	on our records	<u>.</u>)		
The Articles of Organization for this Limited Liabi		ere filed on $\overline{\mathcal{L}}$	1427,	<u>2010</u> :	and ass	igned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	<u>e limited liabilit</u>	y company here:				
-n1A						
The new name must be distinguishable and end with the "L.L.C."	e words "Limited	Liability Company	," the designati	on "LLC"	or the a	ıbbreviation
Enter new principal offices address, if applicable	e: _			SEC	281	
(Principal office address MUST BE A STREET A	(DDRESS)			오픈		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				ST ST	= = 2 2 2	LED
B. If amending the registered agent and/or registered agent and/or the new registered office		address on ou	r records, <u>en</u>	ter the n	ame o	f the new
Name of New Registered Agent:	Rose	marie -	Ruiz			
New Registered Office Address:	18445	5 Creek Enter	Ser Florida street	t address		·····
-	7+1	Myers	, Florid	a <u>33</u> 9	908 p Code	<u>; </u>
New Registered Agent's Signature, if changing Regi		•			ı	

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 Changing Registered Agent, Signature of New Registered Agent

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

Title Name Address Type of Action MGRM Ruiz, RoseMarie 18445 Creek Dr. 7+ Myers, 72 33908 ☐ Add ☐ Remove Add Remove 1Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or authorized representative of a member Rose Marie Kuiz Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00