L11000102930

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COVER LETTER

TO: Registration Sec Division of Corp	
Fred's So	outhern Kitchen Riverview, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Tammy G Johnson
	Name of Person
	1Box Hospitality, LLC
	Firm/Company
	2124 Harden Blvd
	Address
	Lakeland, FL 33803
	City/State and Zip Code
	april@fredsmarket.com
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
April Steele	863 680-1147
Name of	
Enclosed is a check for th	e following amount:
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Fred's Southern Kitchen Riverview, L			
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appear ited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document numberL11000102930	oany were filed on	09/08/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company ho	ere:	
Fred's Market Riverview, LLC			
The new name must be distinguishable and end with the words "Limited	Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		D 'c
			5 F
			HAT BY STURMENT
Enter new mailing address, if applicable:			SS C Fran
(Mailing address MAY BE A POST OFFICE BOX)			TO DO
Training war cost rates and the cost of th	<u> </u>		CS
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address		n our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	
	City	, i loriua	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager of Authorized Member, being added or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> <u>Address</u> Type of Action □ Add ☐ Remove □ Add ☐ Remove _□ Add □ Remove ज FEB REPLANTE BELLEVIEW STATE STATE REMOVE STATE REMOVE STATE REMOVE STATE REMOVE STATE REMOVE STATE □ Add ☐ Remove _□ Add _□ Remove

Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State) Dated February 09 , 2015	
the date this document is filed by the Florida Department of State)	
the date this document is filed by the Florida Department of State)	
the date this document is filed by the Florida Department of State)	
the date this document is filed by the Florida Department of State)	-
the date this document is filed by the Florida Department of State)	
Dated February 09 , 2015	(optional) than 90 days after
1 100	
Kimmy 14. Dan	
Signature of a member or authorized representative of a m	
Tammy G Johnson	ember

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA