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SECRETARY OF STATE TALLAHASSEE, FEORIDA

K. SALY EXAMINER MAR 1 3 2012

COVER LETTER

	Race Co	ast Foods II C		
SUBJECT:	Race Coast Foods, LLC Name of Limited Liability Company			
The enclosed Articles of Am	endment and fee(s) are sul	omitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
-	Nathan Riordan			
		Name of Person		
-		Riordan Law, PS Firm/Company		
-	600	Stewart St. Suite 1300 Address)	
		0		
-		Seattle, WA 98101 City/State and Zip Code		
_	na F. mail address (ate@riordan-law.com		
For further information conc			nonneation)	
Natha:	n Riordan	at (_206_)	903-040	1
Name of Per	rson	Area Code & Da	aytime Telephone	Number
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	7\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Colosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Registratio Division of P.O. Box 6	Corporations	Registration S Division of Co Clifton Buildi	orporations	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 MAR 12 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Race Coast Foods, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company were filed on	and assigned	
Florida document number L1200001	7196		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	DOM		
B. If amending the registered agent and/ registered agent and/or the new registered o		ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
	, Florida		
	Citv	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 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 Address **Type of Action** Title Name Sohlen Family Trust MGR c/o Benat Sohlen ✓ Add Remove 358 Villa Circle Thousand Oaks, CA 91360-8507 ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 8 Dated

Nathan Riordan
Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00