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DIVISION OF CREPGRATIONS

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## **COVER LETTER**

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| TO:   |                      |                                  |   |                         |
|---|----------------------|----------------------------------|---|-------------------------|
|   | Ala RAW,             | LLC                              |   |                         |
| SUBJE   | ЕСТ:                 |                                  | · · · · · · · · · · · · · · · · · · ·       |                         |
|   |                      | Name of Limi                     | ited Liability Company                      |                         |
|   |                      |                                  |   |                         |
| The en  | closed Articles of   | Amendment and fee(s) are sub-    | mitted for filing.                          |                         |
| Please  | return all correspo  | ndence concerning this matter    | to the following:                           |                         |
|   |                      | MARK WARZECHA                    |   |                         |
| Division of Corporations Ala Raw, LLC  SUBJECT: 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:  MARK WARZECHA  Name of Person  WIDERMAN MALEK, PL  Firm/Company  1990 W. NEW HAVEN AVE., SUITE 201  Address  MELBOURNE, FL 32904  City/State and Zip Code  REGISTEREDAGENT@USLEGALTEAM. COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARK WARZECHA  321 255-2332  at ( |                      |                                  |   |                         |
|   |                      | WIDERMAN MALEK, PL               |   |                         |
|   |                      |                                  | Firm/Company                                | - 1-2 F-2-17-3-14       |
|   |                      | 1990 W. NEW HAVEN                | AVE., SUITE 201                             |                         |
|   |                      | ·                                | Address                                     | <del></del>             |
|   | · .                  | MELBOURNE, FL 3290               | 4   |                         |
|   |                      | REGISTEREDAGENT@US               |   |                         |
|   |                      | E-mail address: (1               | to be used for future annual report notific | cation)                 |
| For fur   | ther information c   | oncerning this matter, please ca | all:  |                         |
| MARK  | WARZECHA             |                                  | 321 255-2332                                |                         |
|   | ·· ·· Name o         | f Person                         | at () Area Code Daytime                     | Telephone Number        |
| Englos  | ad is a sheak for th | na fallauring amount:            |   |                         |
|   |                      | -                                | T CCC OO Filing Pag 9.                      | C40 00 Ulling Egg       |
| KI \$2:   | 5.00 Filing Fee      |                                  | Certified Copy                              | Certificate of Status & |

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

## DocuSign Envelope ID: 03DC8FEA-5B02-410C-882D-0E345FDBE71B ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| A1A RAW, LLC   |   |   |
|--|---|---|
| (Name of the Lim   | nited Liability Company as it now appear<br>(A Florida Limited Liability Company) | s on our records.)                            |
| The Articles of Organization for this Limited  L14000118335  Florida document number               | Liability Company were filed on   | 7/28/2014 and assigned                        |
| This amendment is submitted to amend the following   | llowing:  |   |
| A. If amending name, enter the new name  | of the limited liability company he   | <u>re</u> :                                   |
| The new name must be distinguishable and contain the Enter new principal offices address, if appli |   | esignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli<br>Principal office address MUST BE A STRE           |   | 01/3 6  |
|  |   | 16 NOV  |
| Enter new mailing address, if applicable:  |   | 28<br>er ot                                   |
| Mailing address MAY BE A POST OFFICE   | <u></u>   | 3 1 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5       |
| B. If amending the registered agent and registered agent and/or the new registered of              |   | our records, enter the name of the no         |
| Name of New Registered Agent:  | WIDERMAN MALEK, PL  |   |
| New Registered Office Address:   | 1990 W. NEW HAVEN AVE.,   | SUITE 201                                     |
|  | Enter Flori   | ida street address                            |
|  | MELBOURNE   | , Florida                                     |
|  | 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 Begistered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 03DC8FEA-5B02-410C-882D-0E345FDBE71B
11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

| MGR = Mar<br>AMBR = Aut                | nager<br>thorized Member              |           |                |
|--|---------------------------------------|-----------|----------------|
| <u>Title</u>                           | <u>Name</u>                           | Address   | Type of Action |
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| Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.                      |   |             |
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| BFFB7658937E4EB Signature of a member or authorized representative of a member  |   |             |

Page 3 of 3

Filing Fee: \$25.00