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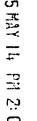
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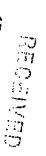


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K.SALY EXAMINER MAY 1 4 2015

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rea Foods 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:
ABIDAH MALIK.  Name of Person  REA Foods LLC  Firm/Company
REA Foods LLC Firm/Company
11746 Sheltering Pine dr
Orlando FL 32836
Orlando III 32836  City/State and Zip Code  Qmalk730 @hotmail. Com.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ABIOAH MALIK at (727) 641- 1225.  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(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



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(Name of the Lim	ited Liability Compar (A Florida Limited L	ıy aş it now app iability Company	ears on our record	is.)	CE STATE PLORIDA
The Articles of Organization for this Limited I. Florida document number <u>L 150000</u>		were filed on _	4-14-	1 <u>5</u> a	and assigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name o	of the limited liabi	lity company	<u>bere</u> :		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the	e designation "LLC	C" or the abbreviat	tion "L.L.C."
Enter new principal offices address, if appli	rable:			· ~:·	
(Principal office address MUST BE A STREI	ET ADDRESS)			· ,	
				*	· •
Enter new mailing address, if applicable:		·			·
(Mailing address MAY BE A POST OFFICE	BOX)		<del>-</del>		
			<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered o			on our records	s, <u>enter the n</u>	ame of the new
	. :	•			
Name of New Registered Agent:	n=				
New Registered Office Address:		Enter F	lorida street addres	S	
	, marina - al <del>an</del>	City —	, Flo	orida <sub>.</sub> 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00