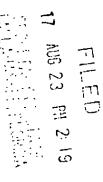
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rek COX GOV THET BURNELVE Sauce, LCC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROSALYM COOK Name of Person Prim/Company 1839 Natchez Inc. 10 Blvd
OR I Ando FL 32918  COOK 9733 @ City/State and Zip Gode  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROSALUM COOK at (407) 237:9438  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \cappa \text{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 RER COOK GOLDENAGT RON had a cook. Sava a . 110.

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(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number \(\frac{15000}{31813}\).	T1 11	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and contain the words "Limited Liability"	<del>-</del>	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter	the name of the new
Name of New Registered Agent:		5 -
Name Parriagnes 4 Office A 11		··. W [7]
New Registered Office Address:	Enter Florida street address	
		'n
/ <del></del>	, Florida	Zip Code 🗘
New Registered Agent's Signature, if changing Registered Agent:	<del>,</del>	sip code (3)
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of my duties, and I am fo vided for in Chapter 605. F.S. Or	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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Filing Fee: \$25.00