

118000281509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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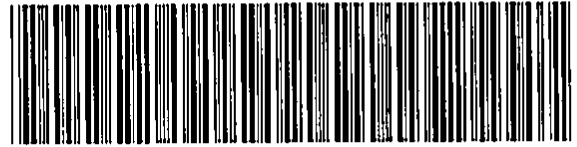
(Business Entity Name)

(Document Number)

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APPROVED
AND
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2018 DEC 17 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R & C Fair Trade, 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:

Tsajai Nelthropp

Name of Person

R & C Fair Trade, LLC

Firm/Company

6538 Hidden Beach Circle

Address

Orlando, FL 32819

City/State and Zip Code

tsajai@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tsajai Nelthropp

340 344-8798
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

R & C FAIR TRADE, 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 Liability Company were filed on 12/6/2018 and assigned
Florida document number L18000281509.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____. 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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS THE DEVELOPMENT AND OPERATION, AS A FRANCHISEE,

OF THE BUSINESS FRANCHISED BY EO FRANCHISING, LLC, AND THE LIMITED LIABILITY COMPANY SHALL NOT

ENGAGE IN ANY BUSINESS ACTIVITY OTHER THAN THAT DIRECTLY RELATED TO THE DEVELOPMENT AND

OPERATION OF THE BUSINESS FRANCHISED BY EO FRANCHISING, LLC.

NOTWITHSTANDING ANY PROVISION IN THE ARTICLES OF ORGANIZATION TO THE CONTRARY, THE SECTIONS

REFLECTING THE RESTRICTIONS OF THE FRANCHISE AGREEMENT DEALING WITH EXCLUSIVE BUSINESS ACTIVITY

AND DEALING WITH RESTRICTIONS ON ISSUANCE, TRANSFER, OR ENCUMBRANCE OF SHARES/ INTERESTS AND

THIS SECTION CANNOT BE SUBSEQUENTLY AMENDED WITHOUT EO FRANCHISING, LLC'S PRIOR WRITTEN

CONSENT.

THE ISSUANCE, TRANSFER OR ENCUMBRANCE OF THE MEMBERSHIP INTERESTS OF THE LIMITED LIABILITY

COMPANY IS RESTRICTED BY THE TERMS AND CONDITIONS OF A FRANCHISE AGREEMENT BETWEEN THE LIMITED

LIABILITY COMPANY AND EO FRANCHISING, LLC. A COPY OF SAID FRANCHISE AGREEMENT IS AVAILABLE AT THE

PRINCIPAL OFFICES OF EO FRANCHISING, LLC, 1601 GULF STREET, SUITE 200, CHATTANOOGA, TENNESSEE, 37408


E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated DECEMBER 11 2018


Signature of a member or authorized representative of a member

TSAJAI F. NELTHROPP

Typed or printed name of signee

2018 DEC 17 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED