Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C	Address:			
-maii	ACCIPACE.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R+R SMOKEHOUSE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R+R Smokehouse LLC		
(<u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears on our records.) Ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 09/16/2019	and assigned
Florida document number L19000233434	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
R2 Provisions LLC		
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LLC" or	the abbreviation "Lf.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		,: ċ
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re		enter the name of the new
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
Commence of the comment	Enter Florida street address	
	, Flori	da
	City	da Zip Code

New Registered Agent's Signature, if changing Registered Agent:

t

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Remove
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			☐ Remove
			Add

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_____ Change

						
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	a cent				(optional)	
fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blo					lays after filing.)	Pursuant to 605.02
cument's effective date on the De	partment of	State's record	s.	timing requirement	ema, min aute	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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record specifies a delayed The 90th day after the reco	effective ord is filed	date, but n l.	ot an enect	ive time, at 1	.2.01 a.111. (on the earlier
Octobor 1		2019	.			
October 4		. 2013	· ·			
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Filing Fee: \$25.00