## 120000000479

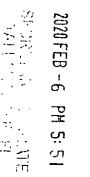
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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O SIMMONS MAR 0 3 2020

## **COVER LETTER**

TO: Registration S Division of Co			
	Rolls LLC		
SUBJECT:	Name of Lin	nited Liability Company	
Name of Person  Area Code  Daytime Telephone Number  nclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate Opy  (additional copy is enclosed)  Daytime Telephone Number  S60.00 Filing Fee,  Certificate of Status & Certificate Opy  Certificate Opy  Certified Copy			
Please return all corresp	ondence concerning this matter	to the following:	
	James E Rolland		
		Name of Person	
	River City Rolls LLC	City/State and Zip Code  City/State and Zip Code  Colland@yahoo.com  E-mail address: (to be used for future annual report notification)  Thing this matter, please call:  904 619-6041  at (	
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	5412 Bristol Bay Ln S		
		Address	
	Jacksonville FL 32244		
	<del></del>	City/State and Zip Code	
	<del></del>		
	E-mail address:	to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all:	
James E Rolland			
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Addras		Street Address	

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

River City Rolls LLC				
(Name of the Limited (A	Liability Company as it r Florida Limited Liability (	now appears on our records.) Company)		
The Articles of Organization for this Limited Liab Florida document number L20000000479	oility Company were fi	led on 12/18/2019	_ and assigned	
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	mendment is submitted to amend the following:  same must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  new principal offices address, if applicable:  ipal office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  inguidenss MAY BE A POST OFFICE BOX)  mending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Zip Code			
The new name must be distinguishable and contain the word	ds "Limited Liability Comp	pany," the designation "LLC" or the abbre	viation "L.L.C."	-
Enter new principal offices address, if applicab	le:			
• • • • • • • • • • • • • • • • • • • •			2021	•
		<b>是数</b>	<u> </u>	-
			4	-
Enter new mailing address, if applicables		·	±-4. 1-3 5. 4. 4	
	<u></u>	[01,]	The property	-
Truming dualess MAT BEAT OST OTTICE BU			• •	-
	<del></del>	[:]		-
B. If amending the registered agent and/or registered and/or the new registered office address between the new registered office address between the new registered of the new registered of the new registered of the new registered agent and/or the new registered agent agent and/or the new registered agent ag		on our records, enter the name o	f the new registe	rec
Name of New Registered Agent:	··-			_
New Registered Office Address:				
-		Enter Florida street address		  h the
_		, Florida	, Florida	
	City		Zip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this change in the register.	and complete perforn red agent as provided istered office address	nance of my duties, and I am fam I for in Chapter 605, F.S. Or, if t	iliar with and his document is	'he

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
AMBR	James E Rolland	5412 Bristol Bay Ln S	■Add
		Jacksonville FL 32244	□Remove
			□Change
			□Add
			□Remove
			□Change
			Add  Remove
			Remove
			E Change
			□ Remove
			Change
	<del></del>		□Add
			□Remove
			Change
			□Remove
			□Change

## Page 2 of 3

Effective date, if other than the date of filing:	SEC.		_ _
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the 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. The 90th day after the record is filed.	SEC.		_
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Dated February 3 2020	a.m. on	the ear	tier of
gnature of a member or authorized representative of a member			