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(Re	questor's Name)	
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COVER LETTER

OLD ID CT	BNF RICH	ARDS FOODPORIUM MANA	ATEE LLC 9	•		
SUBJECT:	Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		CT Corporation System				
			Name of Person			
		CT Corporation System				
			Firm/Company			
		1200 South Pinc Island Rd				
			Address			
		Plantation, FL, 33324				
			City/State and Zip Code			
		richardsfoodporium1979@g				
		E-mail address: (to be used for future annual report notific	cation)	~2	
For further in	nformation c	oncerning this matter, please co	all:		0211 50	zanii.
Chad Wilton	1		941 3069105			- Carting
	Name o	f Person	Area Code Daytime	Telephone Number	2021 NOV 19 AM 11:51	
Enclosed is a	a check for th	ne following amount:			구절: 55	
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	c of Status &	

Mailing Address:

Registration Section

Division of Corporations

TO:

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

BNF RICHARDS FOODPORIUM MANATEE 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 $\frac{03/18/2021}{1}$ and assigned Florida document number L21000129134 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 Mew 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

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>	Type of Action
AMBR	Chadwick Wilton	3110 53rd Ave E	
		Bradenton, Florida, 34203	≡ Remove
			□Change
MGR	Jonathan Drake	2601-B Manatee Ave W	≡Add
		Bradenton, Florida, 34205	□Remove
			Change
			□Add
			□Remove
			Change
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Effective date, if other than the d fan effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	e specific and canno k does not meet t	ot be prior to d he applicable	ate of filing or more statutory filing	(option of the control of the contro	filing.) Pursuant to 60	5.0207 (ted as t
e record specifies a delayed effective of is filed.	late, but not an ef	fective time,	at 12:01 a.m. or	i the earlier of: (b) The 90th day after	er the
	20	11				
November 15 Dated	20:	41				
Dated November 15						
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