## LZ1 000131089

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(Address)
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(City/State/Zip/Phone #)
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AUG 2 \$ 2022 S. PRATHER



July 26, 2022

RO FRESH CUTS LLC 2900 N 24TH AVE 3206 HOLLYWOOD, FL 33020

SUBJECT: RO FRESH CUTS LLC Ref. Number: L21000131089

We have received your document for RO FRESH CUTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000093174.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 722A00016634

Stacy Prather Regulatory Specialist III

## ARTICLES: OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	A 50 T
(Name of the Limited	Liability Company as it now appears on our records.)  A Florida Limited Liability Company)	-8 AM 7: 30
The Articles of Organization for this Limited Liab	Dility Company were filed on Apr. 1 35, 2035	2 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the new name must be distinguishable and contain the work.		breviation "L.L.C."
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, enter the nam	e of the new registered
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 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
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		apt-3206 Hollywood Fi	□Remove
			□ Change
			🗆 Add
			□Rcmove
			□Change
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	date, if other t			-1 : . 1		3 00 1	(optional	)		6.5
<u>ote:</u> If t	ve date is listed, the he date inserted	in this block do	es not meet tl	he applicable	statutory filing	re man 90 day requiremen	s after tiling	g.) Parsuant to e will not be	5 605.020 c listed a	u) as 1
ocument'	's effective date	on the Departm	ent of State's	records.						
record sr	necifies a delayed	d effective date	but not an ef	fective time	at 12:01 a.m. o	n the earlier	of: (b) T	he 90th day	after th	10
is filed.		cristing date,			at 12.01 a,m. 0	the carrier	01. (0)			
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		Signati	ure of a member	er or authorized	l representative of	of a member	·-	FLORID	— <u>&gt;</u>	$\subset$