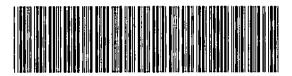
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Special Instructions to	Filing Officer:	
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Office Use Only



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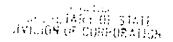
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SUBJECT: Rame of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
RiJ Capital Fooding LLC	
Firm/Company	
1075 Mutans Street SE	
Palm Bay Fl 32809 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (C17) 513 - 9695 Area Code Daytime Telephone Number	_
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐	itatus &
Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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



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npany as it now appears on our rece ed Liability Company)	<u>ords.</u>)
ny were filed on	and assigned
ability company here:	
ability Company," the designation "L	LC" or the abbreviation "L.L.C."
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ce address on our records, <u>ent</u>	ter the name of the new registered
Enter Florida street add	Iress
	Florida Zip Code
	ability company here: ability Company," the designation "L

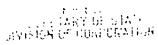
New Registered Agent's Signature, if changing Registered Agent:

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



Title	<u>Name</u>	<u>Address</u>	21 APR 12 F	면 나: 22 <u>Type of Action</u>
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