## L21 (100) 423776

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RIMAFO	OD LLC			
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MARICE ARIAS			
	•	Name of Person	**************************************	
	USA & GLOBAL BUSIN	ESS SERVICES		
		Firm/Company		
	3029 NE 188th STREET S	STE. 914		22
	<u> </u>	Address		<b>22</b> SEP -9
	AVENTURA, FL 33180			
		City/State and Zip Code		PM 1: 25
	MARICE@USAGLOBALI			<del></del>
	E-mail address: (	to be used for future annual report not	ification)	25
For further information	concerning this matter, please c	all:		
MARICE ARIAS		305 934-2775 at ( )		
Name	of Person		ne Telephone Number	_
Enclosed is a check for	the following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section of Control of Cont	rporations Fallahassee oc Street, Suite 810	

Registration Section
Division of Corporations

TO:

## ARTICLES OF ORGANIZATION OF

RIMAFOOD LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L21000423776	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		22
		SEF USS
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		20
B. If amending the registered agent and/or registered office	address on our records, <u>e</u>	nter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street o	iddress
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RICARDO AMARO	10252 BREEZEWAY PL	■Add
		BOCA RATON, FL 33428	□Remove
MGR	MATHIAS AMARO	1074 WEST CHESTNUT STREET	□Add
		UNION, NJ 07083	≣Remove
			22 STChange
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