## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RHINE FOOD SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC 2 2 2022 A. LUNT

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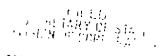
Electronic Filing Menu

Corporate Filing Menu

Help

company has been notified in writing of this change.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 DEC 2 D AHII: 27

	SERVICES LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number L22000414691	y were filed on 09/23/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5717 Red Bug Lake Road, Ste 3	345
(Principal office address MUST BE A STREET ADDRESS)	Winter Springs, FL 32708	
Enter new mailing address, if applicable:	5717 Red Bug Lake Road, Ste 3	145
(Mailing address MAY BE A POST OFFICE BOX)	Winter Springs, FL 32708	12
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		ridu
New Registered Agent's Signature, if changing Registered Agent:	·	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ve to act in this capacity. I furt performance of my duties, and provided for in Chapter 605, F	l I am familiar with and S. Or, if this document is

## 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>	Name	Address	Type of Action
AMBR	William A. Rhine	5717 Red Bug Lake Road, Ste 345	□ Add
			□Remove
		Winter Springs, FL 32708	<b>G</b> Change
AMBR	Justin Rhine	5717 Red Bug Lake Road, Ste 345	■Add
			□ Remove
		Winter Springs, FL 32708	Change
AMBR	Grace A. Cawley-Rhine	5717 Red Bug Lake Road. Ste 345	■Add
		<del></del>	□Remove
		Winter Springs, FL 32708	□Change
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Effective date, if other than the o	ate of filing:	(optional)
f an effective date is listed, the date must	e specific and cannot be prior to date of filing or more than 90 k does not meet the applicable statutory filing requiren	days after filing.) Pursuant to 605,0207
document's effective date on the De		
e record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
December 20th	2022	
Dated	· · · · · · · · · · · · · · · · · · ·	
	ignature of a member or authorized representative of a memb	
•	gnature of a member or authorized representative of a memb	זינר
	Erin Saville, Attorney-In-Fact	
	Typed or printed name of signee	· -

Filing Fee: \$25.00