



| (Requestor's Name)                      |
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| (Business Entity Name)                  |
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

|                     | istration Se<br>ision of Cor |  |   |  |  |  |
|---------------------|------------------------------|--|---|--|--|--|
| CHBICT.             | RAWKEM SUPPS LLC             |  |   |  |  |  |
| SUBJECT:            |                              | Name of Lim                                  | ited Liability Company  |  |  |  |
| The enclosed        | l Articles of                | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |  |
| Please return       | all correspo                 | ondence concerning this matter               | to the following:   |  |  |  |
|                     |                              | Paul L Burton                                |   |  |  |  |
|                     |                              |  | Name of Person  |  |  |  |
|                     |                              |  | Firm/Company  | <del></del>  |  |  |
|                     |                              | 3879 US-301- Ste 117                         |   |  |  |  |
|                     |                              |  | Address   |  |  |  |
|                     |                              | Riverview, FL 33578                          |   |  |  |  |
|                     |                              | paulb@madsupps.com                           | City/State and Zip Code   | ·  |  |  |
|                     |                              | E-mail address: (                            | to be used for future annual report no                              | otification)   |  |  |
| For further in      | nformation c                 | oncerning this matter, please co             | all:  |  |  |  |
| Paul L Burton       |                              | 724 719-8102<br>at ( )                       |   |  |  |  |
|                     | Name o                       | f Person                                     |   | me Telephone Number  |  |  |
| Enclosed is a       | check for th                 | ne following amount:                         |   |  |  |  |
| <b>■ \$</b> 25.00 F | Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
|                     | iling Addres<br>gistration S |  | Street Address:   | action   |  |  |
|                     | -                            | orporations                                  | Registration S<br>Division of Co                                    |  |  |  |
| P.O. Box 6327       |                              |  | The Centre of Tallahassee   |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RAWKEM SUPPS LLC  |   |                                  |
|---|---|----------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our recordiability Company) | rds.)                            |
| The Articles of Organization for this Limited Liability Company   | were filed on <u>4/22/24</u>                        | and assigned                     |
| Florida document number L24000188181  |   |                                  |
| This amendment is submitted to amend the following:   |   |                                  |
| A. If amending name, enter the new name of the limited liab   | ility company here:                                 |                                  |
| he new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LL                   | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                                  |
| Principal office address MUST BE A STREET ADDRESS)  |   | 024                              |
|   |   | <u> </u>                         |
|   |   | 28 F                             |
| Enter new mailing address, if applicable:   | 3879 US-301- Ste 170                                | <u> </u>                         |
| Mailing address MAY BE A POST OFFICE BOX)   | Riverview, FL 33578                                 | უთ <mark>გ</mark> 🔘              |
|   |   | 58                               |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent: | nddress on our records, <u>ente</u>                 | <del></del>                      |
| New Registered Office Address:  | Enter Florida street addr                           |                                  |
|   | Enter r tortaa street aaar                          | ะงง                              |
|   | , F   | Florida<br>Zin 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 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> | Name          | Address                                  | Type of Action |
|--------------|---------------|--|----------------|
| MGR          | Paul L Burton | 3879 US-301- Ste 170, Riverview FL 33578 | ≣Add           |
|              |               |  | □Remove        |
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| Please add the following EIN  | - 61-2183461<br>            |                     |                      |                   |                     |                                    |
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|   |                             |                     |                      |                   |                     |                                    |
| ffective date, if other than the  | date of filing:             | 5/20/24             |                      | (0                | ptional)            |                                    |
| ffective date, if other than the an effective date is listed, the date mu   | st be specific and c        | annot be prior to o | late of filing or mo | re than 90 days a | fler filing.) Pursi | uant to 605.029<br>not be listed : |
| an effective date is listed, the date mu<br>inte: If the date inserted in this b<br>ocument's effective date on the I | lock does not me            | et the applicant    | e statutory time     | requirements.     | ilis date           |                                    |
| ocanion o tribuna a a a a   | •                           |                     |                      |                   |                     |                                    |
| record specifies a delayed effecti  | ve date, but not a          | n effective time    | , at 12:01 a.m. o    | n the earlier of  | : (b) The 90th      | h day after th                     |
| d is filed.   |                             |                     |                      |                   |                     |                                    |
| No. 20  |                             | 2024                |                      |                   |                     |                                    |
| Dated May 20  |                             |                     |                      |                   |                     |                                    |
| -   | $\times$ $\sim$             | $\mathcal{A}$       | اما                  |                   |                     |                                    |
| 1   |                             |                     | 78.87                |                   |                     |                                    |
|   | Signature of a m            | ember or authoriz   | red representative   | of a member       |                     |                                    |

Filing Fee: \$25.00