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COVER LETTER

TO:

	Registration Se Division of Cor			
eub ucc	FP RIBS DI	ELUXE LLC		
SUBJEC	Г:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		RODNEY BALAIS		
			Name of Person	
			Firm/Company	<u></u>
		11753 NW 47TH DRIVE		
		*	Address	
		CORAL SPRINGS/ FLOR	IDA/ 33076	
			City/State and Zip Code	
		ALECBALA1@GMAIL.CO		ss: Section Corporations of Tallahassee
		E-mail address: (to be used for future annual report not	ification)
For furthe	r information c	oncerning this matter, please ca	all:	
RODNEY	BALAIS		561 9262166 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
₿ \$25.0	0 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address: Registration Section		Street Address: Registration Se	ection	
Division of Corporations			Division of Co	
F	P.O. Box 632	7	The Centre of	
Tallahassee, FL		_ 32314 2415 N. Monroe Street		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FP RIBS DELUXE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on APRIL 29, 2024 and assigned Florida document number L24000200358 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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	JOE SEINITZ	122 LLEHAMWOOD DRIVE	■Add
		DEKALB, ILLINOIS 60115	□Remove
			□Change
		 	Remove
			□Change
			□Add
			□Remove
			□Change
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Filing Fee: \$25.00