124000367679

(Requestor's Name) (Address)	500438440215
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	11/25/2401006007 **25.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	2û::

Special Instructions to Filing Officer:

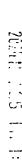
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Office Use Only

Anissu Butter, Regulatory
Specialist IL Amendment
Section.





COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations			
Raw Milk		`	
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jessica Del Vecchio		
		Name of Person	<u>-</u>
	Raw Milk Boca		
		Firm/Company	
	7505 Cedarwood Circle		
		Address	
	Boca Raton FL 33434		
		City/State and Zip Code	
	Hello@RawMilkBoca.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Jessica Del Vecchio		561 289-3969	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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)
Mailing Addres	<u>ss:</u>	Street Address:	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632		Division of Cor	
#.U. DOX 032	. 1	The Centre of T	ananassee

NO\$ 10/24/24

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Raw Milk Boca		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company) 40	107 5 E E.
(/// Killan Shilling	any as it now appears on our records. Liability Company) CULT;	20 Mi 1: 09
The Articles of Organization for this Limited Liability Company		
Florida document number L24000367679		
iorida document number		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Real Food Boca, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	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)		
3. If amending the registered agent and/or registered office	address on our records, enter th	ie name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
nume of New Negastree Agent.		
New Registered Office Address:	-	
	Enter Florida street address	
	, Flor	ida
	City	Zip 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.

L' 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Adam Del Vecchio	7505 Cedarwood Circle	= Add
		Boca Raton, FL 33434	Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
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(If an effective <u>Note:</u> If the	date, if other than the date of filing: the date is listed, the date must be specific and cannot be prior to date date inserted in this block does not meet the applicable is effective date on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) statutory filing requirements, this date will not be listed as the
ne record spe ord is filed.	ecifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Octo	ober 18 2024	
-	Cignature of a member or authorized	8.24 representative of a member
j	Jessica Del Vecchio	
-	Typed or printed na	me of signee

Filing Fee: \$25.00



November 14, 2024

JESSICA DEL VECCHIO 7505 CEDARWOOD CIRCLE BOCA RATON, FL 33434

SUBJECT: RAW MILK BOCA, LLC

Ref. Number: L24000367679

We have received your document for RAW MILK BOCA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 724A00024875

Anissa Butler Regulatory Specialist II

www.sunbiz.org