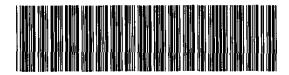
M15000002945

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<i>→</i> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section

Division of Corporations RIZO-LOPEZ DISTRIBUTORS, LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **SERGIO VACA** Name of Person RIZO-LOPEZ DISTRIBUTORS, LLC. Firm/Company 3901 NW 79TH AVENUE - UNIT 224 Address DORAL. FLORIDA 33166 City/State and Zip Code svaca@rizolopezdistributing.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sergio Vaca Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & ☐ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears State: RIZO-LOPEZ DISTRIBUTO			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16 AJG 2/3 P	
2. The Florida document number of this limited liab	pility company is: M15000002945		
3. Jurisdiction of its organization: CALIFORN	NA .	⊕ _β . 3	
4. Date authorized to do business in Florida: APF	RIL 20, 2015		
SECTION II (5-9 complete only the applicable c			
New name of the limited liability company: (must	contain "Limited Liability Company, " "L.L	C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the alternate name.	orida and attach a . The alternate name	
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our records, enter the naddress here:	ame of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Addr		
	, Florida City	Zip Code	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of the	at and agree to act in this capacity. I further and complete performance of my duties, and ered agent as provided for in Chapter 605, F in the registered office address, I hereby con	l I am familiar with T.S. Or, if this	

itle/ Capacity	Name	Address	Type of Action
MGR	Sergio Vaca	3901 NW 79th Ave - Unit 224	
		Doral, FL 33166	Remove
MGR RIZO-LOPEZ FOODS	RIZO-LOPEZ FOODS, INC	201 S McClure R	oad _{□Add}
		Modesto, CA 953	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
aforemention	under the law of which this entity is organ	v the official having custody of records in	the
	- Nava V	the authorized representative	