

L16000184373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

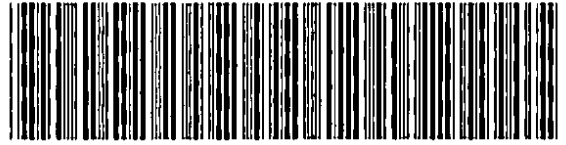
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2019

TRAVEL TRUCK L.L.C.
151 SW SEA LIAN RD
PORT ST LUCIE, FL 34953

SUBJECT: TRAVEL TRUCK L.L.C.
Ref. Number: L16000184373

We have received your document for TRAVEL TRUCK L.L.C., 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) 245-6059.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 519A00012594

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRAVEL TRUCK 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 5.21.19 and assigned
Florida document number L16000194373.

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**)

2079 SW MORELIA LN
PORT ST. LUCIE FLORIDA
34953

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2079 SW MORELIA LN
PORT ST. LUCIE FLORIDA
34953

**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:

MINH DIEP

New Registered Office Address:

2079 SW MORELIA LN
Enter Florida street address

PORT ST. LUCIE Florida 34953
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.



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSHUA GORDON	151 SW SEA LION RD	<input type="checkbox"/> Add
		PORT ST. LUCIE	<input checked="" type="checkbox"/> Remove
		FLORIDA 34953	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____.

Joshua Gordon

Typed or printed name of signee