## 4100093436

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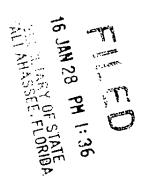
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JAN 29 2016 N. CAUSSEAUX

TO: Registration Section Division of Corporation	es f	4.		) nv
SUBJECT: FLOU	a Power f	GOO TOUCK,	110	
	Name of Linu	ей Сионну Соперату		
The enclosed Articles of Amends		_		
Please return all correspondence	concerning this matter t	o the following:		
	DAVID D	אמע		
		Name of Person		
	FPFT, LL	C Victor/Company		
		ean Blvo Address	5-A	
<u>[-</u>	orr LAVOE	City/State and Zip Code	33305	
	PFT OBE	LLSOUTI-1.NE	7	
For further information concerning	ng this matter, please ca	n:		
DAVID DUN	~	±(954) 6	12 - 4688 Daytime Telephone Number	_
Name of Person		Area Code	Daytime Telephone Number	
Enclosed is a check for the follow	ving amount:			
	0.00 Filing Fee & Certificate of Status	(additional copy is eacles	© \$60.00 Filing Certificate of Certified Cop (additional copy	Status d

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FLOUR Power FOOD	TRUCK, IIC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L110009343</u> 6	were filed on $8/5/2011$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  FPFT LLC	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	NA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	1
New Registered Office Address:	Enter Florida stroet address
	. Florida
	City Zip Code
New Resistered Asent'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

Page 1 of 3



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 = M AMBR = A	fanager Luthorized Member - 1			
Title '	Naute	Address	Type of Action	
<del></del>		<del></del>		
			Remove	
			Change	
<del></del>	······································			
•			Remove	
			Change	
			□ Remove	
		1	□ Change	
		11 /	□ Add	16 JAN 28 PM 1: 36
	1	J \	□ Remove	JAN 28 PM 1: 36
	,		☐ Change	3555 <b>6</b> 6
		/	□ Add	E.F.C.
		/	Remove	36 PATE PATE
			☐ Change	<del>7</del>
			CI Add	
			□ Remove	
			□ Change	

Page 2 of 3

ameno	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
Tective	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
ated	JANUARY 23 td . 2016
	200
	Signature of a member or authorized representative of a member
	DAVID DUNN
	Typed or printed name of signee
	Dec. 2 of 2
	Page 3 of 3

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SLUSH TARY OF STATE
SALLAHASSEE, FLORIDA