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(((H14000241525 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012

Phone : (305)826-5886

Fax Number : (305)722-0535

Enter the email address for this business entity to be used for futuren annual report mailings. Enter only one email address please.

Email Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FETRUCK'S LLC

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October 17, 2014

FLORIDA DEPARTMENT OF STATE
Division of Comorations

FETRUCK'S LLC 4025-1 PALM BEACH BLVD FORT MYERS, FL 33916

SUBJECT: FETRUCK'S LLC

REF: L14000153864

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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) 245-6051.

Jenna D Rarris Regulatory Specialist II FAX Aud. #: H14000241525 Letter Number: 214A00022266

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October 16, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FETRUCK'S LLC 4025-1 PALM BEACH BLVD FORT MYERS, FL 33916

SUBJECT: FETRUCK'S LLC REF: L14000153864

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: B14000241525 Letter Number: 614A00022188

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NINSIGN OF CORPORATIONS
BUSEAU OF COMPERCIAL

SECRETARY OF VARIETY SECRETARY OF CENTERALITY OF SECRETARY OF SECRETAR

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FETRUCK'S LLC			
(Name of the Limited Liability Comi (A F jorida Limited	pany as it now appears on our records.) 1 Liability Company)		
The Articles of Organization for this Limited Liability Companies		and assign	ned
Florida document number L14000153864			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Limited Li	ability Company." the designation "LLC" or the abbrev	viation "L.L	.C."
Enter new principal offices address, if applicable:	4025 PALM BEACH BLVD STE 1		
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33916	7,	
	<u> </u>	00	ω. C.
			2
Enter new mailing address, if applicable:	4025 PALM BEACH BLVD STE 1		3-1
(Mailing address MAY BE A POST OFFICE BOX)	FORT MYERS, FL 33916		<u></u>
	<u> </u>		<u> 42</u>
		വ	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be	office address on our records, <u>enter the</u> erè:	name of	the nev
Name of New Registered Agent: MARTIN	ACCOUNTING & TAX SERVICE, INC	,	
New Registered Office Address: 7678 NW	186TH STREET		
New Registered Office Address.	Enter Florida street address		
MIAMI	, Florida 33015	5	
	City Z	ip Code	
New Registered Agent's Signature, if changing Registered Agen	<u> </u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am famil of provided for in Chapter 605, E S, Or, if th	liar with a is docume	and ent is

If Changing Registered Agent, Aignature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR ≈ Manager AMBR = Authorized Member

Title	Name		Address	Type of Action
AMBR	SALDARRIAGA, LUIS E	٠	9359 VIA PIAZZA CT	■ Add
		;	FORT MYERS, FL 33905	□ Remove
AMBR	PINILLA, NOHRA C	· · ·	9359 VIA PIAZZA CT	Add
		٠.	FORT MYERS, FL 33905	□ Remove
	·	;;,		·
MMGR	SALDARRIAGA, LUIS E		9359 VIA PIAZZA CT	
			FORT MYERS, FL 33905	Remove
MGR	PINILLA, CONSUELO		9359 VIA PIAZZA CT	
·			FORT MYERS, FL 33905	■ Remove
				SECRETARY SECRET
				SP 10 HW
				Remove

·	
· · · · · · · · · · · · · · · · · · ·	
freceipt or filed date and cannot be more than (State)	(optional) 90 days after
2014	
nber or authorized representative of a member	
•	receipt or filed date and cannot be more than State)

Page 3 of 3

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