

L16000002570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

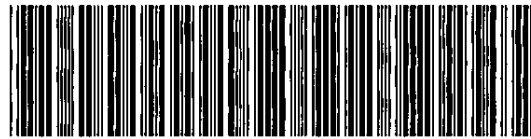
(Business Entity Name)

(Document Number)

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17 MAY 15 PM 2:25
MAY 15 2017

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MAY 16 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNITED FOOD TRUCK LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HECTOR JOSE GONZALEZ CABRERA
Name of Person
UNITED FOOD TRUCK LLC
Firm/Company
8489 NW 64TH STREET
Address
MIAMI FLORIDA 33166
City/State and Zip Code
UFTMOBILESOLUTIONS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR JOSE GONZALEZ at (786) 930-9157
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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
TO
ARTICLES OF ORGANIZATION
OF**

UNITED FOOD 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 01/05/2016 and assigned Florida document number L16000002570.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

FAM CONSULTING SERVICES CORP

New Registered Office Address:

7911 NW 72 AVENUE SUITE 215-B

Enter Florida street address

MEDLEY

City

Florida 33166

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.

[Signature]
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	HECTOR JOSE GONZALEZ CAE	8815 NW 116TH CT DORAL FL 3	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CARLA CECILIA MORENO PER	8815 NW 116TH CT DORAL FL 3	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WE AMENDING THIS APPLICATION TO CORRECT NAMES ON THE OFFICERS

FIRT TITLE (MGR) REGISTER AS HECTOR GONZALEZ.

SHOULD READ AS : HECTOR JOSE GONZALEZ CABRERA

SECOND TITLE (MGR) REGISTER AS CARLA MORENO

SHOULD READ AS: CARLA CECILIA MORENO PEREZ

WE ARE ONLY CORRECTING NAMES FOR THE MGR.

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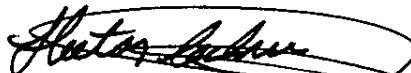
E. Effective date, if other than the date of filing: 01/05/2016 (optional)

(If an effective 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)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, _____.



Signature of a member or authorized representative of a member

HECTOR JOSE GONZALEZ CABRERA

Typed or printed name of signee