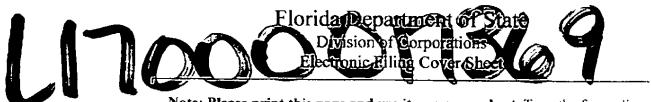
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN,

Account Number: 076077002775 : (407)760-4670 Fax Number : (407)951-8209

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

Email	Address:	
		<del></del>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE FOOD CART LOT, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Help

(H200003821063)

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

THE FOOD CART LOT, LLC				
(Name of the Limited Liability Company as it now an	ny)	<del></del>		
The Articles of Organization for this Limited Liability Company were filed on January 23, 2017				
Florida document number L17000017369				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compan-	v here:			
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviatio	n "L.L.C."		
Enter new principal offices address, if applicable:	- ,	202		
(Principal office address MUST BE A STREET ADDRESS)	-	5 77		
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<b>n</b>	% <del>- 1</del> 2,00 ±			
Enter new mailing address, if applicable:	<u> </u>			
Mailing address MAY BE A POST OFFICE BOX				
	ω			
B. If amending the registered agent and/or registered office address on ou or and/or the new registered office address here:  Name of New Registered Agent:	r records, <u>enter the name of the</u>	<u>new register</u>		
New Registered Office Address:				
	lorida street address	······		
	Florida			
City -	Zip Co	,		

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

11120 200

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>	Name	Address	Type of Action
MGR	LARRY W. WILLIAMS	1150 Louisiana Avenue, Suite 5A	
		Winter Park, Florida 32789	□Add
			Change
			DAdd
			Remove
			Add Remove
			□Change
<del></del>			□Add
			□Remove
			□Remove
			□ Add
			Remove
			□Change

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_	nding any other information, enter change(s) here: (Attach additional sheets, if nece	ssary.)		
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(If an offec <u>No</u> te: I:	ce date, if other than the date of filing:	i <b>al)</b> ling.) Pursi late will r	uant to 605 101 be liste	.0207 (3) rd as the
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) d.	The 90th	day after	the
Dated _	October 30 , 2020.			
	Course Upl (and			
	Signature of a member or authorized representative of a member	<del></del>		
	DONNA L. WILLIAMS  Typed or printed name of signee			

Filing Fee: \$25.00

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