## 2/7000244604

(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: That Vegan Food TWCK 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:
Name of Person
That Vegan Food Truck
150 NW 16th Street
Boxa Raton FL 33432  City/State and Zip Code
That vegan food rucke amul, com E-mail address: (to be used for future annual reproductification)
For further information concerning this matter, please call:
Nuchdas Mitchell at (56) 706-6217  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sectificate of Status Certificate of Status Cert

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

That Vegan Food  (Name of the Limited Liability Company (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000244604</u> .	vere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "L.L.C."  150 NW 16th Street  Boxa Ralon FL 33432
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	150 NW 16th Street Boxon Ration FL 33432
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	City Florida Zif Gode

## 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Dimino, Anthony	2871 N Ocean Blu	🗆 Add
		Boca Raton FL 33431	Remove
			Change
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D. If amending any other information, enter cha	-				
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E. Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not me document's effective date on the Department of St	cannot be prior to date eet the applicable st	of filing or more than 9 atutory filing require	<b>(optional)</b> days after filing.) ments, this date v	Pursuant to 605 will not be liste	.0207 (3)(ted as the
If the record specifies a delayed effective da (b) The 90th day after the record is filed.	ate, but not an	effective time, at	: 12:01 a.m. (	on the earli	er of:
Dated 51618  Muly  Signature of a re	Mada hember of authorized	representative of a men	ther		
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Filing Fee: \$25.00