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SECRETARY OF STATE HE BIVISION OF CORPORATIONS
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COVER LETTER

	gistration Sectision of Corp				
endirze.		VN FOOD LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	ı all correspon	dence concerning this matter	to the following:		
		HARRY D KING			
			Name of Person		
			Firm/Company		
		4809 SUNRISE BLVD			
			Address		
		FORT PIERCE, FL 34982			
		threelittlemonkey@hotmail.	City/State and Zip Co	ode	
		· -	to be used for future ann	nual report notifica	ation)
For further i	nformation co	ncerning this matter, please co	ıll:		
HARRY D	KING		772 at ()	979-6068	
	Name of	Person	at () Area Code	Daytime To	elephone Number
Enclosed is	a check for the	following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy tadditional copy i.	y	☐ \$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

CHOW DOWN FOOD 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 $\underline{\hspace{0.1cm}}^{JANUARY 2, 2018}$ and assigned Florida document number L18000000590 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CHOW DOWN FOOD TRUCKS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4809 SUNRISE BLVD Enter new principal offices address, if applicable: FORT PIERCE, FL 34982 (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: New Registered Office Address: Enter Florida street address City

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.

New Registered Agent's Signature, if changing Registered Agent:

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action

		
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ective date, if other than the neffective date is listed, the date must	date of filing:	 	(optional)	. D
<u>te:</u> If the date inserted in this blo	ack does not meet the appli	cable statutory filing	e than 90 days after filing. requirements, this date	will not be listed as
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00