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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

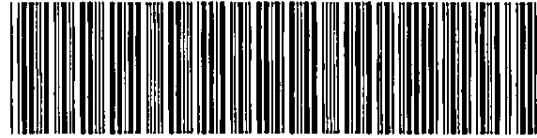
(Business Entity Name)

(Document Number)

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JAN 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHOW DOWN FOOD 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:

HARRY D KING

Name of Person

Firm/Company

4809 SUNRISE BLVD

Address

FORT PIERCE, FL 34982

City/State and Zip Code

threelittlemonkey@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARRY D KING 772 979-6068

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

CHOW DOWN FOOD LLC

CHOW DOWN FOOD TRUCKS LLC

4809 SUNRISE BLVD

FORT PIERCE, FL. 34982

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida
City

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Zip Code

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

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated JANUARY 2, 2018

☆ Hay D K
Signature of a

Signature of a member or authorized representative of a member

HARRY D KING

Typed or printed name of signee

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