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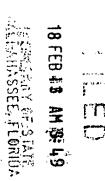
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ECB 1 5 2018



February 5, 2018

GERALDO DACOSTA 7925 MERRILL RD APT 2217 JACKSONVILLE, FL 32277

SUBJECT: DACOSTA FOOD TRUCK LLC

Ref. Number: L18000021222

We have received your document for DACOSTA FOOD TRUCK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 018A00002367

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Negistration Sec Division of Corp		,	
SUBJEC'		FOOD TRUCK LLC		
JUDGEC		Name of Lim	ited Liability Company	
				,
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		GERALDO DACOSTA		
			Name of Person	
		DACOSTA FOOD TRUC	K LLC	
			Name of Person COSTA FOOD TRUCK LLC Firm/Company MERRILL RD APT 2217 Address KSONVILLE, FL, 32277 City/State and Zip Code	
		7925 MERRILL RD APT	2217	
			Address	
		JACKSONVILLE, FL, 32	277	
			· · · · · · · · · · · · · · · · · · ·	
		GERALDOUPS@MSN.CO		
For furthe	er information co	E-mail address: (oncerning this matter, please c		cation)
		moorting this matter, prease ex		
GERALI	DO DACOSTA		862 576-0590 at ()	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:	•	
\$25.0	0 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

$D\Delta$	COST/	LOOD	TRUCK	TIC
תעו	CUSIA	TOOD	INUUN	LLL

(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 Liab Florida document number L18000021222	ility Company w	vere filed on 01/24/2018		and assigned		
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of th	ne limited liabil	ity company here:				
DACOSTA FOOD TRUCK LLC						
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the designation "I	LC" or the abbrev	iation "L.L.C."		
Enter new principal offices address, if applicab	le:	6693 LILLIAN RD SUITE 8				
(Principal office address MUST BE A STREET		JACKSONVILLE, FL, 322	:11			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered off		HASSES, F.	& Commerce of the new		
registered agent and/or the new registered offic	e address here:		O _A	59		
Name of New Registered Agent:	GERALDO DAG	COSTA	ITE 8 32211 ITE 8 32211 Pecords, enter the mane of the new			
New Registered Office Address:	6693	LILLIAN R Enter Florida street ada	O Ste	-8'		
	JACKSONVILL	E City	riorida	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.

GUALIO DUBITAL

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GERALDO DACOSTA	7925 MERRILL RD APT 2217	
		JACKSONVILLE, FL, 32277	☐ Remove
	•		Change
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	01/24	J/2018				
fective date, if other than the dance of the date is listed, the date must be stee. If the date inserted in this bloc cument's effective date on the Dep	e specific and cannot be k does not meet the a	applicable statutor	ng or more than 90 da y filing requiremen	ays after filing.) P	ursuant to 6 ll not be li	505.020' isted as
record specifies a delayed of the 90th day after the recor	effective date, bu d is filed.	ut not an effec	tive time, at 12	2:01 a.m. on	ı the ear	rlier o
ted	2018	•				
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Filing Fee: \$25.00