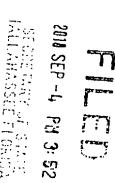
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D. BRUCE SEP 08 2018

COVER LETTER

Division of Cor	porations				
SUBJECT: AMRE	RICAN STREE Name of Lim	r FOOD LCC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	lest	Name of Person CAN STREET FOX Firm/Company)		
	123.79	Coriander Drive	<i>Q</i>		
	Orla	ndo FL 3283 City/State and Zip Code	77	2018 S	-9"
	E-mail address; (to be used for future annual seport noti	o. Lon fication)	%57% 1-438	
For further information co	oncerning this matter, please ca	·		net P	T
Lecter	α	at (<u>321</u>) <u>947 9.</u> Area Code Daytins	805 e Telephone Number	3: 52	1
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is en	aus &	

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Compa	STIZEET FOOD LLC ny as it now appears on our records.)	
(A Florida Limited I	Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on ACIG - 21, 2019 and assigned	
Florida document number <u>L/8000 200044</u> .		
- ,		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AMERICAN STREET FOOD	UC	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	12379 Conjunter Drive	_
Principal office address MUST BE A STREET ADDRESS)	12379 Conjunter Drive Orlando Fl. 32837	
		_
Enter new mailing address, if applicable:	12379 Conjunder Drive	
Mailing address MAY BE A POST OFFICE BOX)	Octondo Fl: 32.837	
	20	_
	Service Servic	ouncy.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		तिस्त
egistered agent and/or the new registered office address here	The state of the s	į į
Name of New Registered Agent:		1 1 t
Name of New Registered Agent.	N. A. 33	ALC: N
New Registered Office Address:	Enter Florida street address	_
	, Florida	_
	•	

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.

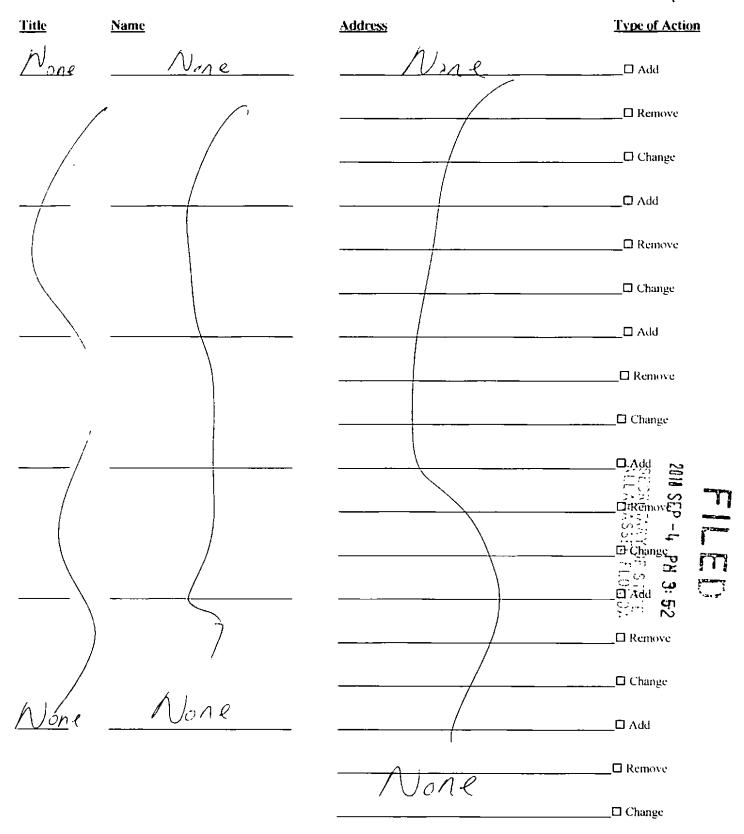
M. A

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



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Effective date, if oth If an effective date is liste	ner than the dat ed, the date must be	e of filing: _ specific and car	anot be prior to	date of filing or	nore than 90 days	o ptional) after filing.) Pi	ursuant to 605.	.0207 (
Note: If the date inse document's effective	rted in this block	does not mee	t the applicab	de statutory fili	ng requirements	, this date wi	ll not be liste	ed as t
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The 90th day af	ter the record	is filed.						
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Page 3 of 3

Filing Fee: \$25.00