## 118000218351

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilless Ellik, Name)
(Document Number)
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Special Instructions to Filing Officer:

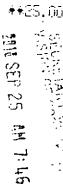
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## **COVER LETTER**

TO:	Registration So Division of Cor			
SUBJE		riollito Truck, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Alberto Luis Coss		
		Fond El Criollito Truck, L	Name of Person LC	
		4701 S. Semoran Blvd	Firm/Company Ste. B	
		Orlando, FL 32822	Address	
		cossalberto@yahoo.com		
For furt	her information c	E-mail address: ( concerning this matter, please co	to be used for future annual report noti all:	fication)
Alberto	L. Coss		407 429-9238	
	Name o	d Person	Area Code Daysim	ne Telephone Number
Enclose	d is a check for th	he following amount:		
\$25	.00 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)
		ING ADDRESS:	STREET/COURI	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327. Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fond El Criollito Truck, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

, , ,	re filed on September 13, 2018	and assigned
Florida document number L18000218351		o,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
Fonda El Criollito Truck, LLC		
The new name must be distinguishable and contain the words "Limited Liability (	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		<del></del>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	, Florida	Tin Code
Name of New Registered Agent:  New Registered Office Address:		Zip Code
Name of New Registered Agent:	, Florida	Zip Code

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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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fective date, if other than the d	ate of filing:				(optional	<b>)</b>
in effective date is listed, the date must be term of the date inserted in this blockers.	e specific and can	not be prior to	o date of filing	or more than 90	days after filing	<ol> <li>Pursuant to 605.02</li> </ol>
cument's effective date on the Dep			ne statutory	ming requirem	ems, ms dan	: WIT HOT DO HSTOU
record specifies a delayed The 90th day after the recor		e, but not	an effectiv	ve time, at :	l2:01 a.m.	on the earlier
September 19,		018				

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Filing Fee: \$25.00