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(Requ	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	-
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	





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2019 AUS 23 PH 3: 41

R. WHITE

AUG 3 0 2019

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	May flower	Food Truck, LLC		
SCDACC	· ! ·	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mutted for filing.	
Please re	num all correspo	ondence concerning this matter	to the following:	
		Rachel Joy Marcinek		
			Name of Person	
			Firm Company	
		25248 SW 22nd Ave		
			Address	
		Newberry, FL 32669		
		infora may flowercellars, cor		
			to be used for future annual rep	ort notification)
		concerning this matter, please c		
Douglas	M. Marcinek		706 201-5 at ()	
	Name c	of Person	Area Code	Daytime Telephone Number
Enclosed	f is a check for t	he following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tailahassee, 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 Company as it now appears on our records.)



Mayflower Food Truck, LLC

2019 AUG 23 PM 3: 44

(A Florida Limited Liab	Inty Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L19000199672</u> .	re filed on 08.06/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new nam	Company," the designation '	"I.I.C" or the appreviation (E.IC.)
Enter new principal offices address, if applicable:		-
(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 registered agent and/or the new registered office address here:	address on our rec	eords, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	II.
·	City	_, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	ząr Coac

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit 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 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.

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Rachel Joy Marcinck	25248 SW22nd Ave Newberry, FL32669	■ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			
		Remove	
			Change
			
		□ Remove	
			□ Change
		Add	
			Remove
		-	Change
			Remove
			☐ Change

	Addition of Federal EIN#- 84-2758777
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Note:	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	'
The	19 August 2019
The	19 August 2019
The	

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