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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JAN 11 2020 S. YOUNG

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	an Food Truck LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ma Kristia D Palma		
		Name of Person	
	Palma's Asian Food Truck	LLC	
		Firm/Company	
	902 Spruce Ct		
		Address	
	Fort Walton Beach, FL 32:	547	
		City/State and Zip Code	
	kristiaaa01@gmail.com		
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please co	all:	
Ma Kristia D Palma		850 612-3024	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	rporations
P.O. Box 632		The Centre of	· ·
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palma's Asian Food Truck LLC		<u> </u>
		
(A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 08/29/2019	and assigned
Florida document number L19000220764		
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 Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	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.

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>	<u>Address</u>	Type of Action
MGR	Ma Kristia D Palma	902 Spruce Ct	■Add
		Fort Walton Beach, FL 32547	□Remove
			Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
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			CRemove
			□Change
			□Add
			□Remove

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<u>te:</u> If the date in	iserted in this block do	es not meet the app	licable statutory fili	(optimore than 90 days after	onal) filing.) Pursuant to 605.01 s date will not be listed
ument s effecti	ve date on the Departm	ent of State's recor	ds.		
	delayed offactive data	but not an effective	e time, at 12:01 a.m.	on the earlier of: (b	The 90th day after the
	aciayed effective date,				
s filed.	delayed effective date.	,	·		
s filed.	AL-11-11-11-11-11-11-11-11-11-11-11-11-11			e of a member	