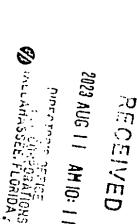
L19000291238

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	1
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	· • · • · • · • · • · • · • · • · • · •
		_
(00	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



700413696157



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S ROBERTS Aug 1 4 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 08/11/26	023**WALK IN*
ENTITY NAME 2	Friends and a Truck LLC
DOCUMENT NUM	ИВЕR
	PLEASE FILE THE ATTACHED AND RETURN
xxxxxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION **
COUNTRY OF DES	TINATION
NUMBER OF CERT	TIFICATES REQUESTED
TOTAL OWED \$	25.00 ACCOUNT # 120160000072 4:
Please call Tina	at the above number for any issues or concerns. Thank you so much!

COVER LETTER

. 1

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	2 Friends a	nd a Truck LLC		
SUBJECT:	•	Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jonathan Taboada		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite I	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	ņm	
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	all:	
c/o ZenBus	iness INC		844 493-6249 at ()	
	Name o		at () Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 E	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di		Section orporations	Street Address: Registration Se Division of Co	rporations
). Box 632		The Centre of	
Fal	llahassee, I	¹L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 Friends and a Truck LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000291238</u> .	were filed on 06/30/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7402 N 56 Street Suite 100i	267
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33617	
	Hillsborough CountyUS	
Enter new mailing address, if applicable:	7402 N 56 Street Suite 100i	-7
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33617	
	Hillsborough CountyUS	<u></u>
agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further performance of my duties, and I c provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If Cha	nging Registered Agent, Signature of Nev	• 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
AMBR	Sophia Casusky	7402 N 56 St.	≣ Add
		100i	□Remove
		Tampa, FL 33617	□Change
AMBR	Mohamed M. Tawerghi	7402 N 56 Street Suite	□Add
		100i	
		Tampa, FL 33617	≣Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			_ □Add
			□Remove
			□Change

r amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
4-	
 -	
-	
Effective date	e, if other than the date of filing: (optional) te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
f an effective da Note : If the d	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	fective date on the Department of State's records.
record specited is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
06/30 Dated	2023
	ophia Casusky
	Signature of a member or authorized representative of a member
So	ohia Casusky, Member
	Typed or printed name of signee

Filing Fee: \$25.00