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(Re	equestor's Name)	
(Ac	ddress)	
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(Cı	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
		<u> </u>
(00	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Elling Officer:	
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Office Use Only



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S.C.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE FOOD TR	uck LLC
	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
AN	TONIO Hughes Name of Person
	Name of Person
THE	Food TRuck LLC Firm/Company
1410 Wes	Address
JACKSO	DAVITE FL 32309
	City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	call:
Antonio Hyghes	at (707) 458-3336 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
SS25.00 Filing Fee & Certificate of Status Dept OF The State	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
. 3.5.2.	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE Food	TRUCK LLC			
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on orida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liabilit			and ass	igned
Florida document number	<u>35</u> 50			
This amendment is submitted to amend the following	J :			
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 design	ation "LLC" or the abb	oreviation "L.	L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET AL	ODRESS)	<u> </u>		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX				
Manual De Million Of The Box		·		
B. If amending the registered agent and/or registence agent and/or the new registered office address her		ds, <u>enter the name</u>	of the nev	v register
	- '			
Name of New Registered Agent:				
New Registered Office Address:				Ø
	Enter Florida s	reet address	2021	
<u></u>		Florida	, РП	.7
Name David and All Company of the All Company of th	City		Zip.Code ∽	-
New Registered Agent's Signature, if changing Regist			\triangleright	-17
hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered	d complete performance of my d d agent as provided for in Chap	duties, and I am fa ter 605, F.S. Or. i	ımiljar wit. f HT s docu	h and ment is
peing filed to merely reflect a change in the regist company has been notified in writing of this chan		onfirm that the lim	ited liabili	ty
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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>	Name	Address	Type of Action
			□ Add
			Remove
			□Change
 			□Add
			□Remove
			□Change
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			□Remove
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Effective date, if	other than the date	of filing:	08 20 44	£ 202	(optional)	
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aocument 3 estect	ive date on the Departi	ment of State's re	cords.			
record specifies a	a delayed effective date	2. but not an effec	tive time at 12:0	il a m. on the c	oslica of the Ti	<i>(</i> 9
d is filed.		out not un ente	Aive time, at 12.0	a.m. on the e	ameroi: (b)- ir	
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Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company THE FOOD TRUCK LLC

Filing Information

Document Number

L20000243550

FEI/EIN Number

85-2449722

Date Filed

08/11/2020

Effective Date

08/11/2020

State

FL

Status

ACTIVE

Principal Address

1410 WEST 11TH STREET JACKSONVILLE, FL 32209

Mailing Address

1410 WEST 11TH STREET JACKSONVILLE, FL 32209

Registered Agent Name & Address

HUGHES, ANTONIO 1410 WEST 11TH STREET JACKSONVILLE, FL 32209

Authorized Person(s) Detail

Name & Address

Title MGR

HUGHES A, NTONIO

1410 WEST 11TH STREET JACKSONVILLE, FL 32209

This not a midile Need to Hughes ANTONIO

Title MGR

POTTINGER, HEDA 1410 WEST 11TH STREET JACKSONVILLE, FL 32209

Annual Reports