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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

TO:	Registration Section				
	Division of Corporations				

SUBJECT:	MAMA	ROSE FOODTRUCK LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ROSELINE OLIVIER			
		Name of Person		
	MAMA ROSE FOODTRU	JCK LLC		
		Firm/Company	<del></del>	
	6339 N MANGROVE CA	Y WAY		
		Address		
	LANTANA, FL 33462			
		City/State and Zip Code	·····	
	mamarosefoodtruck91@gn		<del></del>	
		to be used for future annual report notif	(ication)	
For further information c	oncerning this matter, please ca	all:		
ROSELINE OLIVIER		561 577-4057		
Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for th	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 Certificate of Certified Co (additional cop	f Status & py

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 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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 "LLC."  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 address on our records, enter the name of the new register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  Zip Code	MAMA ROSE FOODTRUCK LLC					
Florida document number	(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	v appears on mpany)	our records.)		<del></del>	
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 "LLC."  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 address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  [Enter Florida Street address]	The state of the s	I on	05/06/2021		and assig	gned
Enter new mailing address, if applicable:  (Principal office address, if applicable:  (Principal office address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida						
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 address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida  Zip Code	A. If amending name, enter the new name of the limited liability comp	oany here:				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address     Cin:   Zip Code	The new name must be distinguishable and contain the words "Limited Liability Company	y," the design	ation "LLC" or	the abbrevi	ation "L.L	C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:	Enter new principal offices address, if applicable:			اسم سمار	289.1	
Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City Zip Code	(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	4	
Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City Zip Code		.===			<del>-5-</del>	1 1 1
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Zip Code	Enter new mailing address, if applicable:			 سب	<u> </u>	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City:  Zip Code	(Mailing address MAY BE A POST OFFICE BOX)		<del>-</del>		26	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City:  Zip Code	<del></del>		<u> </u>	<u> </u>		
New Registered Office Address:  Enter Florida street address  Florida  City:  Zip Code		n our recor	ds, <u>enter the</u>	name of	the new	registere
Enter Florida street address , Florida	Name of New Registered Agent:					
, Florida	New Registered Office Address:			_		
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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>	Address	Type of Action
MGRM	ROSELINE OLIVIER	6339 N MANGROVE CAY WAY	≅Add
		LANTANA. FL 33462	□ Remove
			□ Change
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			Remove
			Change
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ffective date, if other	er than the d	ate of filing	JULY 7,			(opt	ional)	
an effective date is listed ote: If the date inser	ted in this bloc	k does not m	ect the applic	cable statutor	ng or more ina ry filing requ	irements, th	is date wi	II not be listed
ocument's effective d	ate on the Dep	artment of St	ate s records					
record specifies a dela is filed.	ayed effective (	date, but not a	an effective t	ime, at 12:0	l a.m. on the	earlier of: (	b) The 9	90th day after th
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