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A. BUTLER MAR 2 1 2022

COVER LETTER

то:	Registration of	on Section f Corporations			
SUBJI	ect.	Mod's	Coffee	Truck LLC	
SUBJI	ect:	1 400 0	Name of Limit	ed Liability Company	
The en	closed Articl	es of Amendment	and fee(s) are subr	nitted for filing.	
Please	return all cor	respondence conc	erning this matter t	o the following:	
			M	ghan Lyons Name of Person	
			Moo's	Coffee Truck L	LC
		137	N. Lak	e Cunningham Ar	re
				S FL 32259 City/State and Zip Code	
			E-mail address: (Ehotmail. Com to be used for future annual report notif	ication)
For fu	rther informa	ution concerning th	nis matter, please ca		
1	Uzaha	n Lyons		at (631) 388-1	987
	, () , ()	Same of Person		Area Code Daytim	e Telephone Number
Enclo	sed is a checl	k for the following	g amount:		
E'S	25.00 Filing	Fee 🗆 \$30.0 Cert	0 Filing Fee & ificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ntion Section n of Corporatio	ns	Street Address: Registration Se Division of Co	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) SEORFTABLE OF
(A Florida Limited Liability Company) SEDRETARY OF STATE TALLAHASSAND AND AND AND AND AND AND AND AND AND
Florida document number <u>L. 2,0005.09764</u>
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 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, <u>enter the name of the new registere</u> agent and/or the <u>new registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address:
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 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
AMER	Meghan Lyons	137 N. Lake Consighan Are	L ⊀dd
		St. Johns, FC 38251	Remove
			Change
AMBR	Michel L. Mont.	1505 Jolia St.	D Kdd
		1505 Jolia St. Green dove Springs, FC	□Remove
		32043	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			Remove
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an effective	e date is listed, the date date in the date inserted in the date inserted in the date.	In the date of filing ate must be specific and this block does not the Department of	d cannot be prior to meet the applica	o date of filing or mor ble statutory filing	(options than 90 days after file requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
d is filed.			t an effective tir	nc, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
ated	2-38-3	m				
		Signature of a	member or author	zzed representative o	f a member	