

121 000522843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

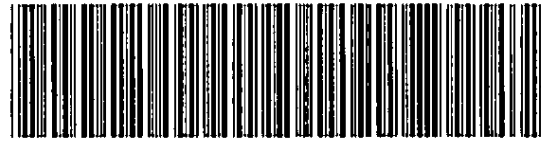
(Business Entity Name)

(Document Number)

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FILED

2022 AUG -4 PM 1:03

Sans
124/202

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COME COMO EN CASA FOOD TRUCK LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA FERNANDEZ

Name of Person

TAX AND TRUCK ZONE LLC

Firm/Company

2 W MONUMENT AVE SUITE 203

Address

KISSIMMEE, FL 34741

City/State and Zip Code

BARBARA@TAXANDTRUCKZONE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA FERNANDEZ 407 201-3971
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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. Monroc Street, Suite 810
Tallahassee, FL 32303

2022 AUG -4 PM 1:33 and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

and assigned

A. If amending name, enter the new name of the limited liability company here:

ORLANDO, FL 32810

ORLANDO, FL 32810

Zip Code

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>	<u>Type of Action</u>
AMBER	ELBIO CRUZ CABRERA	241 ROYAL PALM DR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBER	JOHN EDUARDO TORRES	3174 FELTRIM PLACE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSSELYN A TORRES	3174 FELTRIM PLACE	<input type="checkbox"/> Add
		KISSIMMEE, 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMB. R	CRUZ ALBERTO, DI CRISTANZIANO RODULFO	7121 EDGEWATER DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JANAHIR MILAGROS DALMAGRO DE DI CRISTANZIANO	7121 EDGEWATER DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

CRUZ ALBERTO, DI CRISTANZIANO RODULFO

Typed or printed name of signee

Filing Fee: \$25.00