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| Special Instructions to I | Filing Officer: |
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Office Use Only



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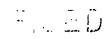
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COVER LETTER

| TO: | Registration S Division of Co | | • , | |
|----------|----------------------------------|--|---|--|
| SUBJE | | ACOS FOOD TRUCK LLC | | |
| 30036 | | Name of Lin | nited Liability Company | |
| The end | closed Articles of | Amendment and fee(s) are sul | bmitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | • | Daniel K. Ohm, Esq | | |
| | : | | Name of Person | |
| | | Ohm Law Firm, P.A. | | |
| | | | Firm/Company | |
| | | 6801 Lake Worth Road, S | uite 319 | |
| | | | Address | |
| | | Greenacres, FL 33467 | | |
| | | | City/State and Zip Code | |
| | | franciscomejiayat@gmail.c | | |
| For furt | her information o | oncerning this matter, please o | (to be used for future annual report not all: | ficution) |
| Francis | co Mejia Yat | | 561 537-5554 | |
| | Name o | f Person | | e Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| € \$25 | 0.00 Filing Fee | □ \$30.00 Filing Fee & Certificate 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) |
| | Mailing Addres Registration S | | <u>Street Address:</u> Registration Sec | tion . |
| | Division of C | orporations | Division of Cor | porations |
| | P.O. Box 632 Tallahassee, F | | The Centre of T | |
| | , 1 | | 4413 N. MONTO | Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG 11 PM 2:28

| CHICO TACOS FOOD TRUCK LLC | | <u> </u> |
|---|--|--|
| (Name of the Limited Lia (A Flo | bility Company as it now appears on our re rida Limited Liability Company) | ecords. |
| 1 | | |
| he Articles of Organization for this Limited Liability | y Company were filed on 05/11/2022 | and assigned |
| lorida document number L22000222119 | · | |
| his amendment is submitted to amend the following | : | |
| If amending name, enter the new name of the l | imited liability company here: | |
| he new name must be distinguishable and contain the words "f | imited Liability Company," the designation | 'LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET AD | DRESS) | |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | - | |
| If amending the registered agent and/or register gent and/or the new registered office address here Name of New Registered Agent: | red office address on our records, <u>er</u> : | ter the name of the new registere |
| New Registered Office Address: | | |
| <i>2</i> * | Enter Florida street address | |
| | | Florida |
| | City | Zip Code |
| ew Registered Agent's Signature, if changing Register | red Agent: | |
| hereby accept the appointment as registered agent ovisions of all statutes relative to the proper and except the obligations of my position as registered wing filed to merely reflect a change in the registe ompany has been notified in writing of this change | complete performance of my duties agent as provided for in Chapter 60 red office address, I hereby confirm | , and I am familiar with and 15 F.S. Or if this document is |
| | If Changing Registered Agent, Signatu | re 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

| Title | <u>Name</u> | Address | Type of Action |
|-------|---------------------|----------------------------|----------------|
| MGR | Francisco Mejia Yat | 4422 Hilary Circle | = Add |
| ; | | West Palm Beach, FI. 33406 | □Remove |
| | | | ☐ Change |
| | | | □Add |
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| | | Change | |
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| D. If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| E. Effec | tive date, if other than the date of filing: |
| NOTE | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| If the reco record is f | rd 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 filed. |
| Dated | Aug 5, 2022. |
| | Signature of a member pr authorized representative of a member |

Filing Fee: \$25.00