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COVER LETTER

TO: Registration Section

Divi	ision of Cor	porations					
aup ir or	ANKROLOGY LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	endence concerning this matter	to the following:				
		Adam Kelley					
			Name of Person				
			Firm/Company				
		3555 Bayshore Dr					
			Address				
		Naples FL. 34112					
			City/State and Zip Code				
		Adam@ankrolab.com					
For further in	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report	notification)			
		oncoming one maner, preuse c		-			
Adam Kelle	y		239 451-122 at ()				
	Name o	f Person	Area Code Da	ytime Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
	iling Addres		Street Address Registration				
Registration Section Division of Corporations			Division of Corporations				
). Box 632			of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our record Liability Company)	r <u>ds.</u>)
ny were filed on <u>09/14/2022</u>	and assigned
ability company here:	
bility Company," the designation "LL	.C" or the abbreviation "L.L.C."
	
	. <u>. </u>
e address on our records, <u>ente</u>	r the name of the new registe
Enter Florida street addr	
, F	lorida Zip Code
	ability company here: bility Company," the designation "LL e address on our records, ente

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 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
MBR	MOBILE FOOD VENTURES LL	3887 MANNIX DRIVE #610	□Add
		NAPLES, FL 34114	■ Remove
			□ Change
MBR	MOBILE FOOD VENTURE LLC	3887 MANNIX DRIVE #610	
		NAPLES, FL 34114	
			□Change
			□ Add
			□Remove
			□Change
		.	
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

Effective date, if other than the date of filing: [If an ellective 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 605.0267. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 role in fited. Dated October 11 2022 Adam Kelley					<u> </u>
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Effective date, if other than the date of filing:					
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