LZ3000125995

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COVER LETTER

TO:	Reg Div	gistration Section Section of Corp	ction porations		*	
CHDH	ect.	SJ FOOD T	RUCK RENTALS LLC			
SUBJECT: Name of Limited Liability Company						
The en	closec	l Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please	return	all correspon	ndence concerning this matter	to the following:		
			ROSMERY DIAZ			
				Name of Person		
				Firm/Company		
1264 PANDO LOOP						
				Address		
			ORLANDO FLORIDA 32	824		
	City/State and Zip Code					
			ROSMERYD54@GMAIL.			
For fur	ther in	nformation co	ncerning this matter, please co	to be used for future annual report notification) all:		
ROSM	1ERY			407 820-1050 at ()		
		Name of	Person	Area Code Daytime Telephone	Number	
Enclos	ed is a	check for th	e following amount:			
■ \$2	5.00 I	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)	
Mailing Address:			Street Address:			
Registration Section Division of Corporations				Registration Section Division of Corporations		
P.O. Box 6327			•	The Centre of Tallahassed		
Tallahassee, FL 32314			FL 32314	2415 N. Monroe Street, S	uite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21	FOOD	TRI	UC'K	PENIT	'AT S	211	C
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company has been notified in writing of this change.

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

	(A Florida Limited Liability Compan	у)
The Articles of Organization for this Limited Florida document number <u>L23000125995</u>	Liability Company were filed on	03/10/2023 and assigned
This amendment is submitted to amend the fo	llowing:	
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," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	20
(Principal office address MUST BE A STRE	ET ADDRESS)	بن (۲:
		2,00
Enter new mailing address, if applicable:		PII
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	registered office address on ou ess here: ROSMERY DIAZ	r records, <u>enter the name of the new registere</u>
New Registered Office Address:	1264 PANDO LOOP	
registered office Address.	Enter l	Florida street address
	ORLANDO	Florida 32824 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete performance gistered agent as provided for i	Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Lomery Dian

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
AMBR	ADAM DIAZ	1264 PANDO LOOP	□ Add
		ORLANDO FLORIDA 32824	■Remove
			□Change
			□Add
			□Remove
			□Change
·			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Chango

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated ____ Signature of a member or authorized representative of a member ROSMERY DIAZ Typed or printed name of signee