L23000 477020

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COVER LETTER

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	Registration Se Division of Co					
entrareze		Holdings LLC				
SUBJECT	ı:	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	irn all correspo	ondence concerning this matter	to the following:			
		Joshua Gregory				
Name of Person						
		Food Fleet Holdings LLC				
			Firm/Company			
		1209 Airport Road #11		•	. 3	
			Address	(n	1024 1034	
	Destin FL 32541				SEP	
			City/State and Zip Code		. 16	
		foodfleet2023@gmail.com	to be used for future annual report no	7) (1)	PH	
For further	r information c	n-mair address. (concerning this matter, please e	-	incarion)	2024 SEP 16 PH 2: 42	
Joshua Gr	egory		850 4080878	.	2	
	Name o	n' Person	Area Code Daytii	ne Telephone Number		
Enclosed i	s a check for t	he following amount:				
■ \$25.00) 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)		
R	Tailing Addres	Section	Street Address: Registration S			
Division of Corporations P.O. Box 6327		Division of Co The Centre of				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Food Fleet Holdings LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number L23000477020	Liability Company were filed on $\frac{10/1}{2}$	9/2023 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our rec	cords, enter the name of the new registere
Name of New Registered Agent:	Joshua Gregory	700 22
New Registered Office Address:	163 Dominica Ct	
	Enter Florid	la street address
	Miramar Beach	, Florida <u>32550</u>
	City	Zıp Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register	ed agent and agree to act in this ca	ipacity. I further agree to comply with th

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
MGR	David Nelson Berg	4678 Windstarr Dr	□Add
		Destin FL 32541	■Remove
			□Change
			□Add
			• □ Remove
			
			⊡Add
			SE CRE Delange
			OSIDAGI Mon 22 Figreniore
			□Change
			<u>•</u> □Add
			□Remove
		<u> </u>	
			□Remove
			□Change

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				ALI	SET
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					2:
	· · · -	· <u>-</u>			- N
ffective date, if other than the date of filing:	he applicable :	tatutory filing re	quirements, this	iling.) Pursuant	to 605,020 oe listed a
record specifies a delayed effective date, but not an efficield.	fective time, a	t 12:01 a.m. on i	he earlier of: (b)	The 90th da	y after the
ated 9/12/2024					
/ h	111.				
Signature of a membe	er or authorized	representative of	nember		_

Filing Fee: \$25.00