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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

_	tion Section of Corporations				
SUBJECT:	TAMPA	Burgu	Truck ed Liability Company	LLC	
	1	Name of Limit	ed Liability Company		
The enclosed Arti	eles of Amendment	and fee(s) are subn	nitted for filing.		
Please return all c	orrespondence conce	erning this matter t	o the following:		
			Jeft Dob	ish	
			Name of Person		
		Tampa	BUCKET Firm/Company	Truck	LLC_
		300 Fram	dorson C	rde, s	Suite 3230
		tpollo i	3-each, P City/State and Zip Cod	L 335	72
		E-mail address; (16	aterim (a be used for future annu	al report notificati	1.com
For further inform	nation concerning thi	is matter, please ca	II:		
7	eff Dob I	15h	at (813 Area Code	541- 3 Daytime Tel	7625 Jephone Number
Enclosed is a chec	ck for the following	amount:			
□ \$25.00 Filing	Fee S30.00 Certii	Filing Fee & ficate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address:			Address:	
<del></del>	ation Section on of Corporation	s	_	tration Sectio ion of Co <del>rp</del> or	
	ox 6327	3		Centre of Talls	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLE	S OF ORGANIZA	22.
	OF	23/13/ S RAFD: 16
7.	D	AT DOLL
- lanpa	Burger Tru	NIC 15
(A Flori	da Limited Liability Company)	rs on our records.)
		Oct 31/2023 and assigned
The Articles of Organization for this Limited Liability		$\frac{ UU }{ S }$ and assigned
lorida document number <u>L23 000 492</u>	<u>34</u> 7	
This amendment is submitted to amend the following:		
t de la company		
A. If amending name, enter the new name of the lin	mited liability company he	<u>ere</u> :
he new name must be distinguishable and contain the words "L	imited Liability Company," the d	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del> :	
		·
3. If amending the registered agent and/or register agent and/or the new registered office address here		ecords, enter the name of the new regist
generality of the new registered office address here	•	
Name of New Registered Agent:		
Traine of New Negistered Agent.		
New Registered Office Address:		
	Enter Floi	rida street address
		, Florida Ziv Code
	City	

New Registered Agent's Signature, it 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 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>	Address	Type of Action
MGR_	Jeff Dobish	300 Frandissin Circle, Suite 323 Apollo Beah, PL 33572	30 <b>×</b> Add
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effective <u>e:</u> If th	e date is listed, t e date insertec	than the dat he date must be s I in this block of the Depart	specific and does not i	d cannot be meet the a	e prior to date applicable st	of filing c atutory f	r more thai	(0) i 90 days a rements,	fter filing.	Pursuant to will not be	o 605.020 e listed a
cord spo s tiled.	cities a delaye	ed effective dat	te, but no	t an effec	tive time, at	12:01 a.	m, on the	earlier of	(b) Th	e 90th day	after the
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