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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CUDIFOT.	QW FOOD TRUCK	USA LLC	
SUBJECT:		ited Liability Company	
	Amendment and fee(s) are sub	_	
		LIZ CASTILLO	
		Name of Person	
		LC CONSULTING GRO	UP
		Firm/Company	
	12	08 CHEROKEE CT	
		Address	
	KISSIN	MMEE FL 34744	
		City/State and Zip Code	
	LIZ.CAST	ILLO@1985CO.CO	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
LIZ CASTIL	LO	at (407) 501-2	862
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
Show \$25.00 Filing Fee Show \$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)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QW FOOD TRUCK US	SA LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document numberL24000072428	were filed on02/08/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili"	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	4270 ALOMA AVE, STE 14	0
	WINTER PARK FL 32792	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the na</u>	me of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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
AMBR	CHARLES R MARTIN	13906 DANIELS LANDING CIR WINTER GARDEN, FL 34787	🗀 Add
			≡ Remove
		 	☐ Change
AMBR CESAR A SALIH	13906 DANIELS LANDING CIR WINTER GARDEN, FI, 34787	□Add	
		Remove	
			□Change
AMBR GIANFRANCO CANGEMI		□Add	
	13906 DANIELS LANDING CIR WINTER GARDEN, FL 34787	Remove	
			□Change
AMBR DANIEL FOLGAR	13906 DANIELS LANDING CIR WINTER GARDEN, FL 34787	□Add	
			≣Remove
			□Change
		🗀 Add	
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(If an eff Note:	we date, if other than the date of filing:
he recor ord is fil	I 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 ed.
Dated	07/02/2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00