

L1200001935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

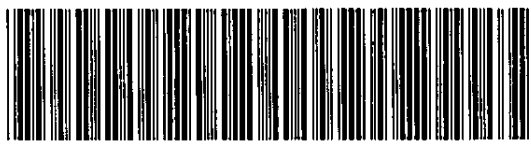
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SEP 01 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2015

VILMAR BISHOP
2648 N ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744

SUBJECT: TAQUERIA MEMO LLC
Ref. Number: L12000019935

We have received your document for TAQUERIA MEMO LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 415A0001892

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAQUERIA MEMO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VILMAR BISHOP

Name of Person

Firm/Company

2648 N ORAGE BLOSSOM TRAIL

Address

KISSIMMEE, FL 34744

City/State and Zip Code

EXPERTAX@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VILMAR BISHOP

Name of Person

407

Area Code

973-883

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TAQUERIA MEMO, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/10/2012 and assigned Florida document number L12000019935.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3000 LAUREL PARK LN
KISSIMMEE, FL 34741

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

VILMAR BISHOP

New Registered Office Address:

3000 LAUREL PARK

Enter Florida street address

KISSIMMEE

Florida

City

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TALLAHASSEE, FLORIDA
34741
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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MONICA UCEDA	800 BRIGHTON PLACE BLVD	<input type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Remove
MGRM	VILMAR BISHOP	3000 LAUREL PARK LN	<input checked="" type="checkbox"/> Add
		APT 304	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34741	
MGRM	MARCOS BARRIOS	956 FLOWER FIELD LN	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If attending, any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for entering additional information.

E. Effective date, if other than the date of filing: AUGUST 21, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 21 2015

Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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