

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:

MARIA BABINO
Name of Person
Firm/Company
2648 N ORNAGE 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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 19 PM 2:17

For further information concerning this matter, please call:

MARIA BABINO 321 3169129
Name of Person at () Area Code Daytime Telephone Number

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 contain 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)

2648 N ORNAGE BLOSSOM TRIAL
KISSIMMEE, FL 34744

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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:

MARIA BABINO

New Registered Office Address:

2648 N ORANGE BLOSSOM TRAIL

Enter Florida street address

KISSIMMEE

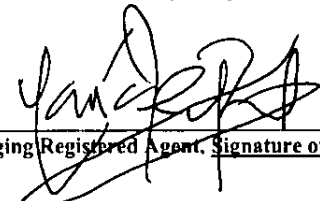
City

, Florida 34744

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 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>	<u>Type of Action</u>
MGRM	BISHOP VILMAR	3000 LAUREL PARK LANE	<input type="checkbox"/> Add
		APT 304, KISSIMMEE FL	<input checked="" type="checkbox"/> Remove
		34741	<input type="checkbox"/> Change
MGRM	BARRIOS MARCOS	956 FLOWER FIELD LN	<input type="checkbox"/> Add
		ORLANDO FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MARIA BABINO	13825 OSPREY LINKS RD	<input checked="" type="checkbox"/> Add
		UNIT 255	<input type="checkbox"/> Remove
		ORLANDO ,FL 32837	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

FILED STATE SECRETARY OF FLORIDA FALLAHASSE, E. APR 19 PM 2:18

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 04/01 2016

Handwritten signature of Maria Babino

Signature of a member or authorized representative of a member

MARIA BABINO

Typed or printed name of signee