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SECRETARY OF STATE
TALLAHASSEE, FLORIDS

COVER LETTER

TO: Registration S Division of Co				
Comal; Ta	cos, Burritos & Brews, LLC.			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Matthew Smith			
		Name of Person		
	Comal			
		Firm/Company		
	4354 North Federal Highw	ay		1 13
		Address		FEB 17
	Fort Lauderdale, Florida 33	3308		1 2
		City/State and Zip Code		ASSITE FLOATOR
	E-mail address: (1	・とのちょとのM o be used for future annual report notific	ation)	TE, FLUMBE
For further information of	concerning this matter, please ca	ılı:		
Matthew Smith		813 7862062		
Name o	of Person		Telephone Number	•
Enclosed is 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 Sta Certified Copy (additional copy is e	atus &
	JNG ADDRESS: ration Section	STREET/COURIE Registration Section	R ADDRESS:	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Comal; Tacos, Burritos & Brews		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) uted Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on August 29, 2016	and assigned
lorida document number L16000161564		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
huvo Tacos & Craft Beer , LLC.		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	5)	
		= 10
		7 -5
nter new mailing address, if applicable:		田 碧
Mailing address MAY BE A POST OFFICE BOX)		コ 学者
		3
		5 9,7
. If amending the registered agent and/or registere		enter the name of the
egistered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	. Flor	ida
	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 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

<u>tle</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
	,		Add
			☐ Remove
			☐ Change
			Add LSR
		•••	☐ Remove
			Remove Change
			
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fective date, if other than the	date of filing:			(option	al)
n effective date is listed, the date must <u>ste:</u> If the date inserted in this blo	ock does not meet the ap	plicable stati			
cument's effective date on the De	partment of State's reco	ords.			
record specifies a delayed	effective date, but	not an efi	fective time	e at 12:01 au	m on the earlier
The 90th day after the reco		. Hot dir ci	receive diffe	, at 12.01 a	m on the camer
Fehruary 15	2017				
ted February 15		·			
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	Signature of a member or				

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Filing Fee: \$25.00