

207000011517

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(Business Entity Name)

(Document Number)

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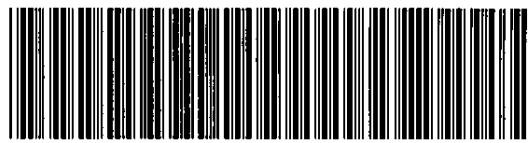
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SEP 22 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAQUERIA LA SALCITA 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:

ADRIANA AGUILAR RIOS

Name of Person

TAQUERIA LA SALCITA LLC

Firm/Company

2010 S US HWY 1

Address

VERO BEACH, FL 32962

City/State and Zip Code

NONE

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

For further information concerning this matter, please call:

ADRIANA AGUILAR RIOS

Name of Person

at (772)

794-0204

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

MIGUEL ANGEL AGUILAR

(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 01/31/2007 and assigned Florida document number L07000011517.

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)

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: ADRIANA AGUILAR RIOS

New Registered Office Address: 182 NE ESTIA LN

Enter Florida street address

PORT ST LUCIE, Florida 34983
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 608, 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.

ADRIANA AGUILAR RIOS
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	<u>MIGUEL A AGUILAR</u>	<u>1814 30TH ST</u> <u>FORT PIERCE, FL 34947-6913</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>JORGE A. AGUILAR</u>	<u>1001 ANTILLES AVE</u> <u>FORT PIERCE, FL 34982-3526</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>ADRIANA AGUILAR RIOS</u>	<u>182 NE ESTIA LN</u> <u>PORT ST LUCIE FL 34983</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	<u>JOSE RIOS</u>	<u>182 NE ESTIA LN</u> <u>PORT ST LUCIE FL 34983</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			FILED
			SEP 2 1984 FLORIDA STATE ATTORNEY GENERAL TALLAHASSEE, FLORIDA
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated **SEPT. 13**, 2010

ADRIANA AGUILAR RIOS
Signature of a member or authorized representative of a member

ADRIANA AGUILAR RIOS
Typed or printed name of signee