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D. BRUCE

DEC 23 2010

EXAMINER

COVER LETTER

Division of Co	orporations		
SUBJECT:	TAQUERIA	A LA SALCITA LLC	
SOBJECT.		ited Liability Company	-
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	AC		
		Name of Person	
	TAQ	UERIA LA SALCITA LLC	
	· ·	Firm/Company	
		182 NE ESTIA LN	
		Address	_
	PO	RT ST LUCIE, FL 34983	** 1
		City/State and Zip Code	
		NONE	DEC 22 CABIARY LAHASSE
	E-mail address: (to be used for future annual report notification)	iAR ASS
For further information	concerning this matter, please	call:	22 PN 5: ARY OF SI ASSEE, FLO
ADRIAN	NA AGUILAR RIOS	a1 (772) 323-1863	5
Name	of Person	at (772) 323 - 1865 Area Code & Daytime Telephone Numl	ber Drm 6
A. 1		and the second s	
Enclosed is a check for	the following amount:		•
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi	Filing Fee, cate of Status & ed Copy
	* * * * · · · · · · · · · · · · · · · ·		onal copy is enclosed)
	LING ADDRESS:	STREET/COURIER ADDRESS:	

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

. 15:57

- - 7

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAQUERIA LA				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	 		
The Articles of Organization for this Limited Liability Company	were filed on01/31/2007	and assigned		
Florida document numberL07000011517				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)		15 TO		
		22		
Enter new mailing address, if applicable:	182 NE ESTIA LN			
(Mailing address MAY BE A POST OFFICE BOX)	PORT ST LUCIE, FL 34983	_ C C []		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new		
	- '			
Name of New Registered Agent: N/A				
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-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.

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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE RIOS	182 NE ESTIA LN	Add Remove
		PORT ST LUCIE, FL 34983	
			Add Remove
			Add Remove
	ailing Addross: 192	nange(s) here: (Attach additional sheets, if necessar LNE Estia LANC TSt. Lucio, 15132983	10 DEC 22 PH
Dated	12/17/2010 , _		5:36 STATE LORIDA
	Signature of a me	mber or authorized representative of a member	
		PRIANA AGUILAR RIOS yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00