	(Requestor's Name)	· · · · · · · · · · · · · · · · · · ·		
	(Address)			
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	(City/State/Zip/Phone #)			
PICK-UF	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions	to Filing Officer:			
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations						
SUBJECT	. 1	EL ZOCALO MEXI	CAN RESTAURANT 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:						
		PATRICIA MUNOZ				
Name of Person						
	EL ZOCALO MEXICAN RESTAURANT LLC					
	Firm/Company					
		5674 TIMUQUANA ROAD				
Address						
	JACKSONVILLE, FL 32210					
City/State and Zip Code						
		E-mail address: (to	o be used for future annual report notificat	ion)		
For further information concerning this matter, please call:						
	2470	1014 14111107		14 0050		
PATRICIA MUNOZ Name of Person			at (904) 59 Area Code & Daytime To	14-6056 elephone 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		STREET/COURIER Registration Section Division of Corporation Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL ZOCALO MEXICAN RESTAURANT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

01/28/2009 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L09000009169 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS). N/A Enter new mailing address, if applicable: N/A N/A (Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Type of Action** <u>Address</u> <u>Title</u> Name SONIA GONZALEZ MGR 5674 TIMUQUANA RD Add JACKSONVILLE, FL 32210 ✓ Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ☐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A **MAY 20** 2009 Dated Signature of a member or authorized representative of a member PATRICIA MUNOZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00