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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AZTEKA'S MEXICAN RESTAURANT & MARISQUERIA, LLC

Name of Limited Liability Company

The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		LETICIA BENITEZ		<u></u>	
	A '7TEL/ A IO A AEVIO A	Name of Person	A DICOLICDIA ()		
	AZTEKA'S MEXICA	N RESTAURANT & MA	ARISQUERIA, LI	d .	
	14748 HWY 98 BYP				
		Address	•		
	DADE CITY/FLORIDA/33523 City/State and Zip Code				
	LETYB E-mail address: (ENITEZ75@YAHOO.C	OM t notification)	2010 FEB 22 SECRETAR TALLAHASS	-11
For further information of	concerning this matter, please of	eall;		B 22 TARY HASSE	-
LET	ICIA BENITEZ	at (352)	321-2027		
Name o	of Person	Area Code & D	Paytime Telephone Numb	STATE ORIDA	
Enclosed is a check for t	he following amount:		9		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certifi closed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclo	osed)

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

AZTEKA'S MEXICAN RESTAURANT & MARISQUERIA, 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 Compan	y were filed on <u>F</u>	EBRUARY 8, 2010	_ and assigned	
Florida document numberL10000014961				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :		
AZTECA'S MEXICAN RESTAU	RANT & MARIS	QUERIA, LLC 🚄	28	
The new name must be distinguishable and end with the words "Lin "L.L.C."	nited Liability Compa	any," the designation	C" of the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>	27	22	
(Principal office address MUST BE A STREET ADDRESS)		E	S m	
		JRIC PRICE	55 55	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	<u> </u>			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on o re:	our records, <u>enter the</u>	name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:1</u>			

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 = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Add Remove ☐ Add Remove ☐ Add Remove 26 Eag \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February Signature of a member or authorized representative of a member **HECTOR BENITEZ** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00