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S. HAWKES

0CT 2 6 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Donald Aprin Name of Person
	D' Taqueria. UC Firm/Company
	Firm/Company
	1600 ARIZONA AVE NE
	Address
	1600 ARIZONA AVE NE Address Saint Petersburg FL 33703 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Don Aprin at (727) 45B - 8869 Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$25	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

	QUERIA UC	
(<u>Name of the Limited Li</u> (A F	iability Company as it now appe lorida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liab Florida document number	• • • —	8 20 10 and assigned
This amendment is submitted to amend the follow		1 25
A. If amending name, enter the new name of the CASi+A TAQUELIA		ere:
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Com	pany," the designation "LLC" of the the reviation
Enter new principal offices address, if applicab	le: <u>//p00</u>	ARIZONA AVE NE PETERSBURG, FL 33703
(Principal office address MUST BE A STREET.	ADDRESS) Saint	Pereesburg, Fi 33703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the name of the new
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:

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = N MGRM =	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			dd decemove
			25 Add Remove
			G-Add ☐ Remove
 			Add
			Add
D. Ifam	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if neces	
-			
Dated	OCTOBER 21 , 20	010	
	Donal d Signature of a member	er or authorized representative of a member	
	Donald	ARVin d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00