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SECRETARY OF STATE

J. BRYAN

MAR 2 9 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT•	LOS ANTOJ	TOS LATINOS, LLC		
SOBIL	c.i		ited Liability Company		
The enc	losed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please r	eturn all corresp	condence concerning this matte	r to the following:		
			MARTA GUZMAN		11 MAR 28 PM 2: 54 SECRETARY OF STATE FALLAHASSEE, FLORID
			Name of Person		蜀 三
LOSA		LOS A	NTOJITOS LATINOS, LLC		SSE SSE
			Firm/Company		HAR 28 PM 2
34		34	495 N DIXIE HIGHWAY		2: 5: STAI LOR
			Address		ami F
		. OAI	KLAND PARK, FL 33334		
			City/State and Zip Code		
		elizat	oeth22_577@hotmail.com		
For furth	ner information	concerning this matter, please	•	zation)	
	MA	RTA GUZMAN	at (754)	122-9664	
		of Person	Area Code & Daytime		
Enclosed	d is a check for	the following amount:			
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOS ANTOJITOS LATINOS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

1 A)	iorida Elimited Elability Company)		700
The Articles of Organization for this Limited Liab Florida document numberL110000189	• • •	02/14/2011	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company her	<u>re</u> :	
PUPUSERIA (& ANTOJITOS "EL CALER	O", LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab			
(Principal office address MUST BE A STREET	.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ress
		, 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 = Manager

MGRM = Managing Member Type of Action **Title** <u>Name</u> <u>Address</u> _ Add Remove Add Remove $\prod Add$ ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 24 member or authorized representative of a member MARTA GUZMAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00