## L11000118102

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SECRETARY OF STATE TALLMANASSEE, FLORIDA

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T. CLINE NOV 22 2011 EXAMAPLER

## **COVER LETTER**

Division of C	orporations			
SUBJECT:	TACO SON S	T PETERSBURG L	LC	
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		WILLIAM F CHRISTIE		
	Name of Person			
	TACOSON ST PETERSBURG LLC			
	Firm/Company			
	7200	THIRD AVENUE SOL	ITH	
	***************************************	Address		
	OT DE	TEDODI (DO EL 2070)	7110	2011 NOV 21 AN ION SECRETARY OF STA
	ST PETERSBURG FL 33707 US  City/State and Zip Code		VOV TOWN	
	DIEGO A	DIEGO ARBELAEZ 7@HOTMAIL.COM		V21 A
		to be used for future annual repo		
For further information	concerning this matter, please	call:		DV 21 AN IQ 31
WILL	IAM F CHRISTIE	at ( 727 )	347-2325	뭐 3
			Daytime Telephone 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 en	closed) Certified	e of Status &
MAILING ADDRESS:		STREET/C	OURIER ADDRESS:	

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

' **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

talo Sor	1 St Peters	Sburg U	<u>(</u>	<b></b>	
	ity Company as it now appea a Limited Liability Company)	rs on our récords.)			
The Articles of Organization for this Limited Liability	Company were filed on	10/17/11	and	l assigne	ed
Florida document numberL11000118102	<del></del> ·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company her	Œ:			
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Compa	any," the designation "	LLC" or	the abbro	eviation
Enter new principal offices address, if applicable:			<u></u> 4	<b>D</b> 3	
(Principal office address MUST BE A STREET ADI	DRESS)		SE	9	
			至高	3	***
	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del>\$</del> ≥	~~ ~	
			<u>~</u>	-	i marki
Enter new mailing address, if applicable:	<del></del>	<del></del>	<del></del>	-32	
Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	· · · · · · · · · · · · · · · · · · ·	5	<u> </u>	£
	<del> <u></u></del>		RA	ඟ	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter	the nam	e of th	ie nev
Name of New Registered Agent:					
New Registered Office Address:	r <sub>w</sub>	ter Florida street add	trass	· · · · ·	
	En		67 C33		
<del></del>	City	, Florida	Zip C	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

<u>Title</u>	Name	Address	Type of Action
MGR	MONICA MORFIN	7200 THIRD AVENUE SOUTH ST PETERSBURG FL 33707	Add ✓ Remove
			Add Remove
**************************************			Add Remove
<del></del>	<del> </del>		Add Remove
			2011 NBV 21 SEASTARY TALL AND SEE
<del></del>			Add Remove
		hange(s) here: (Attach additional sheets, if necessar	79.) <u>ss</u>
Dated	NOVEMBER 17 ,	2011	
	Signature of a me		<u></u>
	<i>W</i>	yped or printed name of signee	<del></del>

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Filing Fee: \$25.00