11000131864

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SECRETARY OF STATE

J. BRYAN
JAN 1 7 2012
EXAMINER

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COVER LETTER

TO: Registration Division of C		·	
SUBJECT:	HARIO	OM TACO LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are so	abmitted for filing,	
Please return all corres	ролdence concerning this matte	er to the following:	
		JIGISHA C PATEL	
		Name of Person	
HARIOM TACO LLC			
Firm/Company			
	125	07 CROWN POINTE CR.	FILEU 1:26 2012 JAH 13 PH 1:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA
		Address	温 三
	c	CLERMONT, FL 34711	75 J
	 	City/State and Zip Code	Fro R
		V@JNSASSOCIATE.COM	F.S.
	E-mail address:	(to be used for future annual report notifies	ntion)
For further information	concerning this matter, please	call:	Dr.
	HRUV PATEL	🖼 🚾 🗫	012 EXT 10
Namc	of Person	Area Code & Daytirne	Clephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.90 Filing Fee & Certificate of Status	S55.00 Filing Fec & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status &: 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 01/10/2012 11:43

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	OM TACO LLC			
(Name of the Limited Liat	ollity Company as it now appears on our rida Limited Liability Company)	ecords,)		
(7.10)	ida cimited ciaotitty company)			
The Articles of Organization for this Limited Liabili	ty Company were filed on NOVEMBE	R 19, 2011 and assigned		
Florida document number L11000131864	,			
				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited lightlift, someony towns			
A. If amending name, enter the new name of the	mined habbity company nere.			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the de	signation "LLC" or the abbreviation		
Enter communication of the address of the literature		1.0 💆 🖪		
Enter new principal offices address, if applicable:		7		
(Principal office address MUST BE A STREET AL	ODRESS)			
		- 基章		
		35.72		
77 . AV 24 11		Fig. 32 C		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	07 2		
		高帝 6 .		
B. If amending the registered agent and/or re	nistered office address on our record	ic ontar the name of the new		
registered agent and/or the new registered office a		the many		
Name of New Registered Agent:				
Mary Davistand CVCC as A Jahren				
New Registered Office Address: Enter Florida street address				
•	Enter Piorida sittet adaress			
	, F	lorida		
-	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

MGR = Manager

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:

MGRM = M	anaging Member					
Title	<u>Name</u>	Address	Type of Action			
MGRM	BRIJESH B PATEL	15809 BAY VISTA DR. CLERMONT, EL 34714	∧dd Remove			
MGRM	HETALKUMAR B PATEL	15809 BAY VISTA DR. CLERMONT, FL 34714	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
· 			Add Remove			
REM	ng any other information, enter change MOVAL OF TWO MANAGING ME DF JANUARY 01, 2012	(s) here: (Atlach additional sheets, if necessary.)	TALLAHASSEE, FLORIDA			
Dated	JANUARY 01 , 201	2 .				
	Signature of a member of	or authorized representative of a member	··········			
_	JIG	ISHA C PATEL				
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00