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| PICK-UP | ☐ WAIT | MAIL MAIL |
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| Certified Copies | Certificates | of Status |
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COVER-LETTER

| | istration Sec ision of Corp | | | |
|----------------|--------------------------------|--|---|--|
| SUBJECT: | Macho Taco | , LLC | | |
| 3000 DC 1. | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspor | ndence concerning this matter | to the following: | |
| | | Amy Turner and Tammy K | Cipp | |
| | | | Name of Person | |
| | | Macho Taco, LLC | | |
| | | | Firm/Company | |
| | | 801 Anchor Rode Drive # | 206 | |
| | | | Address | |
| | | Naples, FL 34103 | | |
| | | | City/State and Zip Code | |
| | | naplesbookkeeper@gmail.ed | om to be used for future annual report notific | agtion) |
| For further in | formation co | ncerning this matter, please ea | , | cadony |
| Maria Benoit | | meering and matter, piease ea | 239 250-7773 | |
| | Name of | Person | at () | Telephone Number |
| | | | | |
| Enclosed is a | check for the | e following amount: | | |
| ■ \$25.00 Fi | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Macho Taco, LLC | | |
|---|--|---------------------------------------|
| (<u>Name of the Limited Liability Cor</u> (A Florida Limit | mpany as it now appears on our ted Liability Company) | r records.) |
| The Articles of Organization for this Limited Liability Comparing the Florida document number L13000055410 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited l | iability company here: | |
| The new name must be distinguishable and contain the words "Limited Li | iability Company," the designation | on "Ll.C" or the abbreviation "L.lC." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS, | 2 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address l | | ecords, 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 Age | ent: | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple | | |

If Changing Registered Agent, Signature of New Registered Scient

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 limitity

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR'= Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|-----------------------------|----------------|
| MGR | Bemard Turner | 210 Mooring Line Drive | |
| | | Naples, FL 34102 | ■ Remove |
| | | | Change |
| MGR T | Tired Management, LLC | 801 Anchor Rode Drive # 206 | ■ Add |
| | | Naples, FL 34103 | □ Remove |
| | | | Change |
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| | | | □ Remove |
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| ffective date, if other than the date of filing: | ional) er filing.) Pursuant to 605.020 is date will not be listed as |
| e record specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed. | a.m. on the earlier o |
| ated 8/15/17 | |
| Signature of a member or authorized representative of a member | 17 AUG |
| , | 6 2 B |
| Amy Turner and Tammy Kipp | |
| Typed or printed name of signee | D 3: 5 |

Page 3 of 3

Filing Fee: \$25.00