## L150000 41277

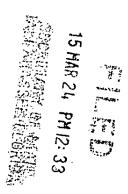
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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J. STANSIS APR 1 5 7015

## **COVER LETTER**

	gistration Sect vision of Corp			
SUBJECT:		A EL NOPAL LLC		
SUBJECT.	-	Name of Limit	ed Liability Company	
		mendment and fee(s) are submedence concerning this matter to	-	
		NELSON BALLESTE	ROS	
			Name of Person	
		NELPISERVICES IN	C	
			Firm/Company	
		2393 SOUTH CONG	RESS AVE STE 223	
			Address	
		PALM SPRINGS, FL	33406	
		NELSON@NELPISEF	City/State and Zip Code RVICES.NET	
		E-mail address: (to	be used for future annual report notifical	tion)
For further i	nformation cor	ncerning this matter, please cal	l:	
NELSON	BALLEST	EROS	561 2536070	
	Name of I	Person	Area Code Daytime Te	elephone 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 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

TAQUERIA EL NOGAL LLC				
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 03/06/2015	and	d assig	ned
Florida document number L15000041277				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
TAQUERIA EL NOPAL LLC				
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" of	the abbreviati	on "L.I	C."
Enter new principal offices address, if applicable:		29	k	
Principal office address MUST BE A STREET ADDRESS)		ولنظر موليد الوار الوارد الوار الوارد	TE.	
			<del>\$</del>	हें दू बंबावडेश
		<b>经</b> 资	£.	J. SERT
Enter new mailing address, if applicable:		#\{\dag{a}_0	PH	in the
Mailing address MAY BE A POST OFFICE BOX)		医蛇	22	4
			မ	
		Merit.		
<ol> <li>If amending the registered agent and/or registered or registered agent and/or the new registered office address here.</li> </ol>		nter the na	<u>ime_o</u>	f the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florid			
	City	Zip (	:ode	

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 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 liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or semoved from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	
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		<u></u>	
			□ Remove
<del>-</del>			
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			Remove
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			□ Remove

If amending any other informat	tion, enter change(s) here: (Attach additional sheets, if nec	cessary.)
		*****
,		
		-
C. Effective date, if other than the (The effective date must be specific, cannot the date this document is filed by the Flo	date of filing:(options to date of receipt or filed date and cannot be more than 90 days	r <b>ional)</b> s after
MADCH 18	2015	
Dated WIARCH 18		
Letieier	Castilli Gazina	
	Signature of a member or authorized representative of a member	
LETICIA CASTILL	O GARCIA	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

