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Certified Copies	_ Certificates	of Status
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# **COVER LETTER**

"'Division of Corporations
SUBJECT: Ele Taco uc
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Backaro Name of Person
tile Taco Lic
846 Uncoln Rd 6th FZ
Address
Mani Beach, Fr 33139
City/State and Zip Code  White Pletaco.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Baccaro at 585, 576-739275 0
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \\$ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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

	aco UC	
(Name of the Limited (A	Liability Company as it now appears on our red Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liab Florida document number	• • •	7 2015 and assigned
This amendment is submitted to amend the follows	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		As 22
B. If amending the registered agent and/or registered agent and/or the new registered offic		ords, entertible mame of the new
Name of New Registered Agent:		SEE, FLO
New Registered Office Address:	Enter Florida street aa	OR DA
		. 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Baccan	846 Uncoln Rd	
		Mani Brach, fr 3313	Remove
MER	Benjamin Shabtai	846 uncoln Rd Wami Beach, fr 3313	Add
		Mani Beach, R 3313	9 □ Remove
			Change
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The 90th day after	the record is filed	1.					
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	Signature of	member or author	orized representativ	e of a member			
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Filing Fee: \$25.00