## L15000 127043

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
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| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Ви                     | isiness Entity Na | me)         |
| (Do                     | ocument Number    | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
| :<br>:                  |                   |             |
|                         |                   |             |
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### COVER LETTER

| TO:           | Registration Se<br>Division of Cor | ction<br>porations                           |   | , ·  |
|---------------|------------------------------------|--|---|--|
| SUBJ:         |                                    | O'S LOKOS TACOS LLC                          |   |  |
| <b>ЭОВ</b> Э. | ECT                                | Name of Lim                                  | ited Liability Company  |  |
| The er        | nclosed Articles of                | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please        | return all correspo                | ndence concerning this matter                | to the following:   |  |
|               |                                    | EDUARDO CENDEJAS                             |   |  |
|               |                                    |  | Name of Person  |  |
|               |                                    |  | Firm/Company  |  |
|               |                                    | 1574 LIMIT AVE                               |   |  |
|               |                                    |  | Address   |  |
|               |                                    | 1574 LIMIT AVE                               |   |  |
|               |                                    |  | City/State and Zip Code   |  |
|               |                                    | E-mail address: (                            | to be used for future annual report notifi                          | cation)  |
| For fu        | rther information c                | oncerning this matter, please ca             | all:  |  |
|               | Name o                             | f Person                                     | at ()<br>Area Code Daytime  | Telephone Number   |
| Enclos        | sed is a check for th              | ne following amount:                         |   |  |
| <b>=</b> \$2  | 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

#### EDUARDO'S LOKOS TACOS LLC

| ( <u>Name of the Limited Liability</u><br>(A Florida)  | Company as it now appears on our records.) Limited Liability Company) |   |
|--|---|---|
| The Articles of Organization for this Limited Liability Co   | ompany were filed on 7/24/2015  | and assigned  |
| This amendment is submitted to amend the following:  |   |   |
| A. If amending name, enter the new name of the limit   | ted liability company here:   |   |
| The new name must be distinguishable and contain the words "Limit  | ted Liability Company," the designation "LLC" or                      | the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |   |   |
| (Principal office address MUST BE A STREET ADDR  | <u> </u>  |   |
|  |   | 70 S  |
|  |   |   |
| Enter new mailing address, if applicable:  |   | \(\sigma\) \(\sigma\) \(\sigma\)  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | - 138 |
|  |   | 1 ( ) - ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (   |
|  |   | STATE OF  |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr |   | nter the name of the ne   |
| Name of New Registered Agent:  |   |   |
| New Registered Office Address:   |   |   |
|  | Enter Florida street address  |   |
|  | , Florid  | a   |
|  | 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>      | Type of Action  |
|--------------|------------------|---------------------|---|
| MGRM         | LETICIA GALLARDO | 226 W ALFRED STREET | <b>≅</b> Add  |
|              |                  | TAVARES, FL 32778   | □ Remove  |
|              |                  |                     |   |
|              |                  |                     | Change  |
|              |                  | _                   | Add   |
|              | •                | <del></del>         | Remove  |
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| Tective date, if other than the date of filing: (optional)   |                 |
| an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wocument's effective date on the Department of State's records. |                 |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o<br>The 90th day after the record is filed.   | n the earlier o |
| ated   | 2015            |
| Signature of a member or authorized representative of a member   |                 |
| EDUARDO CENDEJAS   | or No Berry     |

Page 3 of 3

Filing Fee: \$25.00