Plansion of State

| Division of Corporations | Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NATALIE M. BURNS PL

Account Number : I20140000036 Phone : (305)733-8223

Fax Number : (561)450-5105

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:					

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOCA RATON TACO, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (((H17000049309 3)))

(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	iability Company were filed on 08/0	5/2015 and assigned
This amendment is submitted to amend the fol	lowing:	ing the common property and the state of the
A. If amending name, enter the new name of	of the limited liability company here	T FE
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if appli	cable:	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)	in s
	-	<b>3</b> (2)
Enter new mailing address, if applicable:		9. 2.
Mailing address MAY BE A POST OFFICE	BOX	
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	our records, enter the name of the new
Name of New Registered Agent:	OMAR COVARRUBIAS	
New Registered Office Address:	14901 SW 4TH STREET, APT #1	
		a street address
	PEMBROKE PINES	Florida 33027

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

Page I of 3

(((I-I170000493093)))

(((H170000493093))) 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

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, ,	MGR		VICTORIA CHAVEZ	*	9940 NW 10TH ST		□ Add	
	, , , ,	·		•	MIAMI, FL 33172		■ Remove	
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