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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.
Account Number : 120100000080
Phone : (954)366-3850
Fax Number : (954)633-7850

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

Email Address: Taxright7@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TACO LOCO QUERETANO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

RECEIVED

2017 JUL 25 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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17 JUL 25 AM 11:49
TALLAHASSEE, FLORIDA

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JUL 26 2017

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TACO LOCO QUERETANO LLC
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:

ELICEO MARTINEZ

Name of Person

TACO LOCO QUERETANO LLC

Firm/Company

1058 W SAMPLE RD

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

TAXRIGHT7@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELICEO MARTINEZ

954 455-8393
in ()

Name of Person

Area Code

Daytime Telephone 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

TACO LOCO QUERETANO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/19/2015 and assigned
Florida document number 115000194190

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent: ELICEO MARTINEZ

New Registered Office Address: 1614 E SAMPLE RD

Enter Florida street address

POMPANO BEACH


Florida 33064

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>	<u>Type of Action</u>
AMBR	ELICEO MARTINEZ	1614 W SAMPLE RD	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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MIAMI, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 JUL 25 AM 11:49
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA


E. Effective date, if other than the date of filing: 07/24/2017 (optional)

(If 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.) Pursuant to 605.0237 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JULY 24TH 2017


Signature of a member or authorized representative of a member

ELICEO MARTINEZ

Typed or printed name of signer