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CQVER LETTER

Division of Cor			
	ON THE BEACH LLC		
	Name of Limi	ted Liability Company	
	Amendment and fee(s) are submodence concerning this matter	-	
	WILKINS T. LUQUE		
		Name of Person	
	EL TAYTA ON THE BEA	ACH LLC	
		Firm/Company	
	600 N. SURF ROAD		
		Address	
	HOLLYWOOD, FL 33019		
	 	City/State and Zip Code	
	kiwilr@hotmail.com		
For further information co	E-mail address: (t oncerning this matter, please ca	to be used for future annual report notificall:	cation)
WILKINS T. LUQUE		786 525 - 2855	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

EL TAYTA ON THE BEACH 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 02/09/2016 and assigned Florida document number L16000027848 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 "LLC." 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: WILKINS T. LUQUE Name of New Registered Agent: 600 N. SURF ROAD New Registered Office Address: Enter Florida street address , Florida 33019 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.

City

HOLLYWOOD

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>	Name	Address	Type of Action
AMBR	OSWALD J. VELASQUEZ	2450 NE 135 STREET	□ Add
		SUITE 510	Remove
		NORTH MIAMI, FL 33181	□ Change
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Filing Fee: \$25.00