# L16000097601

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#### **COVER LETTER**

TO:	Registration Secti Division of Corpo					
	-	an Store LLC		4		
SUBJEC	CT:	Name of Limi	ited Liability Company			
					To the same of the	
The encl	osed Articles of An	nendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspond	ence concerning this matter	to the following:		the state of the s	
		Oscar Garcia			POLD ON INC.	
			Name of Person			
		Garcia Mexican Store				
			Firm/Company		<del></del>	
		600 6th Ave, Unit 10				
			Address			
		Vero Beach, FL 32962				
		garciaverobeach@gmail.co	City/State and Zip Code		<del></del>	
		E-mail address: (	to be used for future annual	report notification)		
For furth	ner information con-	cerning this matter, please co	all:			
Oscar (	Jarcia		772 21	6-6283		
	Name of P	urson	at () Area Code	Daytime Telepho	ne Number	
Enclosed	is a check for the	following amount:				
<b>□ \$2</b> 5.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address:		Street Ac	ldress:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

assigned, a Garcia Mexican Store 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 \_\_\_\_\_\_ Florida document number \_\_\_\_\_L16000097601 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

Cirv

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
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		Sebastian, FL 32958	■Remove
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Note:	ive date, if other than the elective date is listed, the date must. If the date inserted in this blocent's effective date on the De	ick does not meet the appli	cable statutory filing :	(optional) e than 90 days after filing.) I requirements, this date w	tursuant to 605,0207 ill not be listed as
	cord specifies a delayed 90th day after the reco		ot an effective tin	ne, at 12:01 a.m. or	n the earlier of
	February 10	2020			
Dated			- 2		
			- /~		
		Signature of a member or auth	orized representative of	a member	
	Oscar Garcia		/ /		

Page 3 of 3