LILACOISHOOS

| (Requestor's Name) |
|---|
| (A.U) |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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J. HARRIE

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|--|
| SUBJECT: WAKA | MOLE TACOS L | 1 C. | |
| SOBSECT: WYNER | | ited Liability Company | |
| | | | |
| The enclosed Articles of A | amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | | | |
| | David Rosalz | Name of Person | |
| • | | . Walle of Follows | |
| | Wakamole Ta | Firm/Company | |
| | | Firm/Company | |
| | 1565 NE Coache | ran Ad | |
| | | Address | |
| | al | to/ [/ 3376] | |
| | LICOVI | City/State and Zip Code | |
| | Wa Kamo E-mail address: (1 | le c @ amail - com to be used for future annual report notifica | ntion) |
| For further information co | ncerning this matter, please ca | all: | |
| David Roca Name of | Lle S Person | at (508) 813 69 Area Code Daytime To | 13 |
| Mante Of | i Gidoli | Area Code Daytille I | cicphone ivumber |
| | | | |
| Enclosed is a check for the | _ | • | |
| \$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**

| WAKAMOLE TACOS LLC | |
|---|--|
| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited Liability Company were filed on | 7 1/5 /2016 and assigned |
| Florida document number <u>L16000134 003</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company her | <u>re:</u> |
| | _ |
| The new name must be distinguishable and contain the words "Limited Liability Company," the de | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | - American Company |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> |
| | 7 品類 |
| · | 그 중심을 |
| Enter new mailing address, if applicable: | ≇ ⊜ ₀ |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> |
| | |
| | |
| B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here: | our records, enter the name of the nev |
| | |
| Name of New Registered Agent: | |
| Name Desirement Office Address | |
| New Registered Office Address: Enter Florid | da street address |
| | Plavida |
| City | , Florida 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> | Address | Type of Action |
|--------------|----------------|---|--|
| MBR | Eduardo Guizar | 2565 NE Coachman Rd, Clearwold, Floy | PPY TIPICE |
| | | | ☐ Remove |
| | | | Change |
| | | *************************************** | □·Add |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if necessary | <i>v.)</i> |
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| Effective date, if other than the date of filing: |) Pursuant to 605.020' will not be listed as |
| ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed. | on the earlier o |
| Dated | . |
| I a hard | - 130 |
| Signature of a bember or authorized representative of a member | 700 |
| David Arngel Losales Ji Typed or printed name of signee | |
| David Amael Rosales VI | |

Page 3 of 3

Filing Fee: \$25.00