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SECRETARY OF STATE

COVER LETTER

то:		ration Sect n of Corp			
SUBJE	CT.	A FIESTA	LATIN MARKET LLC		
SUBJE	C1:	· · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company	
			mendment and fee(s) are sub	_	
			GLADYS DEL VALLE		
				Name of Person	
			MBA GROUP PROFESS	IONAL LLC	
				Firm/Company	·——
			12856 KELSEY ISLAND	DR	
				Address	
			JACKSONVILLE FL 322	224	
				City/State and Zip Code	
			MBAGLADYS@ATT.NE	To be used for future annual report	notification)
For furth	er infor	mation con	cerning this matter, please ca	•	inonneation
GLADY	'S DEL	VALLE		904 434-108 at ()	39
		Name of P	erson		ytime Telephone Number
Enclosed	l is a cho	eck for the	following amount:		
□ \$25.·	00 Filinį	g 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

DON TACO CHARRO LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L17000012072	were filed on JANUARY 17, 2017 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
LA FIESTA LATIN MARKET LLC					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	14181 BEACH BLVD				
(Principal office address MUST BE A STREET ADDRESS)	SUITE 5				
	JACKSONVILLE FL 32250				
Enter new mailing address, if applicable:	14181 BEACH BLVD				
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 5				
22.11.00.01.11.00.00.0	JACKSONVILLE FL 32250				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	ffice address on our records, enter the name of the new				
New Registered Office Address:	Enter Florida street address				
	, Florida SSE 2				
New Registered Agent's Signature, if changing Registered Agent:	City FLORID Code D				
	ee to act in this capacity. I further agree to thingly with the				

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
		-	□ Add
			□ Remove
			□ Remove
			Change
			□ Remove
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Effect	tive date, if other than the frective date is listed, the date is	he date of fili	ng:	1. 000	4 00 4	(optional)	
Note:	If the date inserted in this	block does not	meet the appl	icable statutory	filing requiremen	ys after filling.) Pursi its, this date will r	not be listed a
docun	nent's effective date on the	Department of	State's record	ls.			
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	cord specifies a delay 90th day after the re			ot an effect	ive time, at 12	:01 a.m. on ti	ne earlier o
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Dated	SEPTEMBER 18	Λ	2017				
	~ (1d)	ψ_{a}					
	r wwy	Signature of	member or au	horized represen	tative of a member		

Page 3 of 3

Filing Fee: \$25.00