## 117000076899

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2019 FEB 28- 計刊: 34 社工AHASSEE TO THE

19 FF8 28 / MHO: 3

S. PRATES:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 649109 AUTHORIZATION : COST LIMIT : ORDER DATE: February 27, 2019 ORDER TIME : 9:23 AM ORDER NO. : 649109-001 CUSTOMER NO: 8123374 DOMESTIC AMENDMENT FILING NAME: LATIN KITCHEN, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: On Hold -- See Rep -- EXT# 62969

EXAMINER'S INITIALS:

## **COVER LETTER**

| TO:           | Registration Se<br>Division of Cor | ection<br>Porations                             |   |   |  |  |
|---------------|------------------------------------|---|---|---|--|--|
| CIID II       | LATIN KI                           | TCHEN, LLC                                      |   |   |  |  |
| 30001         | Name of Limited Liability Company  |   |   |   |  |  |
| The en        | closed Articles of                 | Amendment and fee(s) are sub                    | omitted for filing.   |   |  |  |
| Please        | return all correspo                | ondence concerning this matter                  | to the following:   |   |  |  |
|               |                                    |   | Name of Person  |   |  |  |
|               |                                    |   |   |   |  |  |
|               |                                    |   | Firm/Company  |   |  |  |
|               |                                    |   | Address   |   |  |  |
|               |                                    |   | City/State and Zip Code   |   |  |  |
|               |                                    | E-mail address: (                               | to be used for future annual report noti                                  | fication)   |  |  |
| For fur       | ther information o                 | oncerning this matter, please or                | ali:  |   |  |  |
|               | Name o                             | f Person  | at ()<br>Area Code Daytime  | e Telephone Number  |  |  |
| Enclose       | ed is a check for th               | ne following amount:                            |   |   |  |  |
| <b>□</b> \$2: | 5.00 Filing Fee                    | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

| LATIN KITCHEN, LLC   |   | THE THE                   |
|--|---|---------------------------|
| (Name of the Limited Li<br>(A Fl   | ability Company as it now appears on our records.) orida Linuted Liability Company) | 28 L                      |
| The Articles of Organization for this Limited Liabili  | ty Company were filed on 04/05/2017   | and assigned              |
| Florida document number L17000076899   |   |                           |
| This amendment is submitted to amend the following   | g:  | in F                      |
| A. If amending name, enter the new name of the   | limited liability company here:   |                           |
| MESA MARKETING GROUP, LLC  |   |                           |
| 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 AL  | DDRESS)   |                           |
|  |   |                           |
| F  |   |                           |
| Enter new mailing address, if applicable:  |   |                           |
| Mailing address MAY BE A POST OFFICE BOX   |   |                           |
|  | <del></del>   | <u> </u>                  |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office a | ~   | nter the name of the nev  |
|  |   |                           |
| Name of New Registered Agent:  |   |                           |
| New Registered Office Address:   |   |                           |
|  | Enter Florida street address  |                           |
| <u> </u>   | , Floric  |                           |
|  | City  | Zip Code                  |
| New Registered Agent's Signature, if changing Regist   | tered 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

| <u>Title</u>                           | Name | Address      | Type of Actio |
|--|------|--------------|---------------|
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| D. If amer    | eding any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                |                      |                     |              |
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| Note: I       | re date, if other than the date of filing:  | nt to 605<br>be list | 5.0207 (<br>ed as t | (3)(b)<br>he |
|               | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed. | earli                | er of:              |              |
| Dated _       | February 25, 2019   | ي<br>م               | 201                 |              |
|               | ), 20/  | - AHA                | 2019 FEB            | T            |
|               | Signature of a mortiber or authorized representative of a member  | ARY.                 | 28                  |              |
|               | JOSEPH PANIAGUA  Typed or printed name of signee  | : ::,<br>Fig.<br>Ot  | AH II: 34           | 0            |
|               |   | 25K                  | <u>3</u>            |              |

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Filing Fee: \$25.00