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COVER LETTER

Division of Corpo	rations		- 1 0
PILO' STREE SUBJECT:	T TACOS 2 LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Derek Gonzalez		
		Name of Person	
		Firm/Company	
	465 Brickell Ave., Unit 500	2	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
_	lshibbard@gmail.com		
	E-mail address: (to	be used for future annual report notifica	tion)
For further information con-	cerning this matter, please cal	li:	
Lisa Gonzalez		561 222-7303 at ()	
Name of Po	erson	Area Code Daytime To	elephone Number
Enclosed is a check for the	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:

TO:

Registration Section

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

PILO' STREET TACOS 2 LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000096202	y were filed on <u>04/17/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here;	
PILO'S STREET TACOS 2 LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
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		r the name of the new
registered agent and/or the new registered office address he	<u>re</u> :	ZUN SEC TALL
Name of New Registered Agent:		AHASSA T
New Registered Office Address:	Enter Florida street address Florida	AARY OF S
· · · · · · · · · · · · · · · · · · ·	, Florida, City	Zap Codl V
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	Dr. I

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 = M $AMBR = A$	lanager uthorized Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to tote: If the date inserted in this block does not meet the applicate becument's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.020 ole statutory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
APRIL 19 2018	_·
Duel Diggeture of a bember or author	ized representative of a member

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Filing Fee: \$25.00