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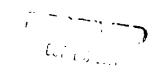
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## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJE	ст:Т	TKI Ta (o S Name of Limi	ted Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please	eturn all correspond	dence concerning this matter t	o the following:	
		Troy	Name of Person	
		Tiki	TACOS ICC Firm/Company	
		3340	<u>Ne Pine apple</u> Address	ave
		<u>Jensen</u>	Beach, FL 34 City/State and Zip Code  One of the first of the property of the first of the control of the contr	1957
		I voy (C)	o be used for future annual report noti	n,CoM
For furt	her information con	cerning this matter, please ca		
	Troy Po	lley	at ( <u>771</u> ) <u>475</u> Area Code Daytim	C Telephone Number
Enclose	d is a check for the	following amount:		
□ \$25	.00 Filing Fee	O S30.00 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, Ft. 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

1,K1 16603 L	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LI80061094</u> 0 4	ny were filed on 5/03/2018 and assigned
This amendment is submitted to amend the following:	2 <u>m</u>
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	Jansen Bench, FL 34957
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	
	69 ne Jansen Beach blud Enter Florida street address
Jens.	en Beach Florida 34957 Zip Code
Naw Dagistawad Agant'. Signatura if abanding Dagistar ad Larry	

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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Danise Pulley	3140 ne Pincrest lakes ( Jensen Becch, FL 3499	Add ⊡ التا الم
	`	Jensen Beach, FL 3499	<u> </u>
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to  te: If the date inserted in this block does not meet the applicab  ument's effective date on the Department of State's records.	(optional)  date of filing or more than 90 days after filing.) Pursuant to 605.0 de statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not he 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlie
ed 9-04 2018	1
<i>j i</i>	tet 161

Page 3 of 3

Filing Fee: \$25.00