

48000117904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

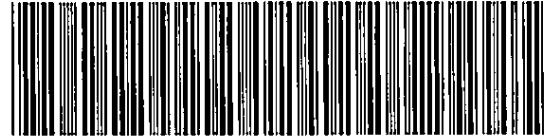
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300315393533

07/09/18--01023--011 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUL -9 PM 3:56

N COOPER
JUL 09 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pacos Tacos SRQ LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Smith
Name of Person

Pacos Tacos SRQ LLC.
Firm/Company

4716 Cronin Drive.
Address

Sarasota / FL. 34232
City/State and Zip Code

Shannonsmith02@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Smith at (941) 350-6036
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Pacos Tacos SRQ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/10/18 and assigned
Florida document number L18000117904.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

7101 Palmer Blvd.
Sarasota, FL. 34240

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4716 Cronin Drive
Sarasota, FL. 34232

14
JUL - 9 PM 8:56
DIVISION OF CORPORATIONS

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Terry Fuller

New Registered Office Address:

3907 Bah. 2 Vista St. #404

Enter Florida street address

Sarasota

City

Florida

34232

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.

Terry Fuller

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Samuel S. Smith	4716 Cronin Drive.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shannon M. Smith	4716 Cronin Drive	<input checked="" type="checkbox"/> Add
		Sarasota, FL, 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

10 Jul -9 PM 8:56

SECRETARY OF STATE
DIVISION OF CORPORATION

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Friday, June 29 . 2018

Sharon M. Smith

Signature of a member or authorized representative of a member

Shannon M. Smith

Typed or printed name of signee