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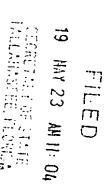
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COVER LETTER

	gistrațion Sec vision of Corp		, ,	*			
SUBJECT:	Chilar's LLC						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ted Liability Company				
The enclose	d Articles of A	Amendment and fee(s) are subi	nitted for filing.				
Please returi	n all correspor	idence concerning this matter t	to the following:				
		Reymundo Marquez Rodrig	guez				
			Name of Person				
		Chilar's LLC					
			Firm/Company				
		231 Semoran Commerce Pl	L#100B				
			Address				
		Apopka, Florida 32703					
			City/State and Zip Code				
		soncarbes@aol.com E-mail address: (t	o be used for future annual report notifi-	cation)			
For further i	nformation co	ncerning this matter, please ca	J1:				
Sonia Rodri	guez		321 370-8215				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for the	e following amount:					
□ \$25.00 I	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:

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

Chilar's LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 07/02/2019	and assigned
Florida document number L18000159713		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Los Tapatio's LLC		
The new name must be distinguishable and contain the words "Limited Lie	bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		- F. G. 19
		第3 美国
Enter new mailing address, if applicable:		7 7 7 T
•		The winter
(Mailing address MAY BE A POST OFFICE BOX)		700 3
		<u> </u>
		2 P
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a second agent.		enter the name of the no
egistered agent and/or the new registered office address is		
Al China Barrier Land		
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Flori	da
	City	Zin 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.

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 Type of Action Title <u>Name</u> Address | □ Add ☐ Remove ☐ Change □ Add ☐ Remove CO (T) Remove _□ Change □ Add ☐ Remove _□ Change _□ Add □ Remove ☐ Change _□ Add

☐ Remove

☐ Change

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fectiv	ve date, if other than t	he date of filing	g: <u>05/17/2019</u>		(ор	tional)
ui etTec	ctive date is listed, the date r	nust be specific and	1 cannot be prior t	o date of filing or m ble statutory filin	ore than 90 days att	er filing.) Pursuant to 605.020 his date will not be listed a
	nt's effective date on the			•	- ,	
	ord specifies a delay 90th day after the r			an effective t	ime, at 12:01	a.m. on the earlier of
	, and , and , and ,					
ated _	May, 17		2019			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00