

L18000168505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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18 SEP 24 AM 5:45
DIVISION OF INFORMATION
SECRETARY OF STATE

N COOPER
SEP 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TACOS RICOS ALFONSA 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:

ALFONSA JARAMILLO

Name of Person

TACOS RICOS ALFONSA LLC

Firm/Company

2559 HWY 17-92 N

Address

HAINES CITY, FL 33844

City/State and Zip Code

alfonsajaramillo@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEANNA DOMINGUEZ

Name of Person

at (863) 455-6796

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**

TACOS RICOS ALFONSA 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 JULY 12, 2018 and assigned Florida document number L18000168505.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRETARY OF STATE
DIVISION OF CORPORATE
18 SEP 24 AM 5:45

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

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	Alfonsa Jaramillo	749 N. 30th Street	<input checked="" type="checkbox"/> Add
		Haines City FL 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Deanna Dominguez	145 E. Thelma Street	<input type="checkbox"/> Add
		Lake Alfred FL 33850	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

DIVISION OF INVESTIGATION
18 SEP 24 AM 5:45

SECRETARY OF STATE
DIVISION OF CORPORATION
18 SEP 24 AM 5:45

(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)

Dated September 19. 2018

AIfOnSa Jaramillo
Typed or printed name of signee