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To:

Division of Corporations

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From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone Fax Number

: (407)932-0040

: (407)520-5473

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COVER LETTER

TO: Registration Division of C				
SAN MI	GUBL MEXICAN EVENTS LI	LC		
	Name of Li	mited Liability Company		
	of Amendment and fee(s) are su pondence concerning this matte	ū		
	ANGELICA MORA	·		
	ŠAN MIGUEL MEXICA	Name of Person N EVENTS LLC		
	1710 E. IRLO BRONSON	Firm/Company N		
	SAINT CLOUD, FL 3477	Address		2019 JA
•		City/State and Zip Code		OT NYF (
For further information	E-mail address: concerning this matter, please o	to be used for future annual report notificall:	ication)	AM 9:
ANGELICA MORA		407 924-8755	City — And Park Property City — And Property — And Prope	6
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Piling Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$1 Certified Copy (additional copy is	tatus &
Regist	ING ADDRESS;	STREET/COURIE Registration Section		,

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2561 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAN MIGUEL MEXICAN EVENTS LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on our limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 11/20/2018		and assigned
Florida document number L18000270969	2		Ū
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST HE A STREET ADDRE</u>	<u>(SS)</u>		20
		:-	A.Y.
Enter new mailing address, if applicable:		·	0
Malling address MAY BE A POST OFFICE BOX)		••.	<u> </u>
		=- (,) ::: (,)	9 [
			_
 If amending the registered agent and/or register egistered agent and/or the new registered office addres 	red office address on our re <u>ss here</u> :	cords, enter the	name of the
Name of New Registered Agent:			
New Registered Office Address:	·		
	Enter Florula street a	address	·
<u>*</u>		_, Florida	
	City	Zij	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> AMBR	<u>Name</u> KAREN DOMINGUEZ	Address 2223 CROSSTON CIRCLE	Type of Action
		ORLANDO, FL 32824	Add
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			Change
			D Remove
			Change
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			☐ Remove
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ective date, if other than the date of fi effective date is listed, the date must be specific e: If the date inserted in this block does no ument's effective date on the Department of	and cannot be prior to	date of filing or more t	(optional) han 90 days after filing, quirements, this date	1 Diseases se	605.020 listed a
record specifies a delayed effective	e date, but not a	an_effective time	ı, at 12:01 a.m.	on the ea	erlier o
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