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(R	equestor's Name)	
(A	ddress)	
(Á	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	•
Certified Copies	Certificates of	f Status
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K SALY DEC -7 2018

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Mi	VERACRUZ Mexi	ICAN RESTAURANT ELC led Liability Company	2
	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	SANDRA i	BAEZ Name of Person	
		Name of Person	
	MI VERACRU	IZ MEXICAN RESTAURA	NT 14C Z
		12 Mexican restaura, Firm/Company	
	JOU MERR	PIL ROAD STE	45
		Address	 -
	JACKSONV.11	City/State and Zip Code Hotmail. Com to be used for future annual report notif	
	2	City/State and Zip Code	
	Mivemoroza 60 E-mail address: (1	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	il:	
SANDRA	BAEZ	at (<u>904</u>) <u>755 - 2</u> Area Code Daytimo	626
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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**

		en.
ARTICLES OF OF	RGANIZATION	$f^*H \otimes_{\mathcal{L}} f$
OF		18 DEC - 30
OF M. VERACRUZ MCXICAN (Name of the Limited Liability Company (A Florida Limited Liability Company w Florida document number	ability Company)	18 OEC - 3 PH 2: 56 and assigned
A 15 warding name anter the new name of the limited liabil	ity company here:	
Mi VeRACRUZ MexiCAN ResTAGE The new name must be distinguishable and contain the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability Contains the words "Liability Contains the words" "Limited Liability Contains the words" "Limited Liability Contains the words" "Limited Liability Contains the words "Liability Contains the words" "Liability Contains the words" "Liability Contains the words "Liability Contains the words" "Liability Contains the words "Liability Contains the words" "Liability Contains the words" "Liability Contains the words" "Liabil	URANT Z LLC	
The new name must be distinguishable and contain the words "Limited Liability	ty Company." the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7001 MERRILL REA TACKSONY: HE FLOR 32277	od STE 45 NIJA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, <u>ente</u> <u>e</u> :	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	

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.

City

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= M	anager uthorized Member		F11 =13	
Title	<u>Name</u>	Address	18 DEC -3 PH 2:56	Type of Action
				□ Add □ Remove
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	TALLAMA TO THE STATE
	- CORIDA
ctive date, if other than the date of filing:	1/29/2018 (optional)
effective date is listed, the date must be specific and cannot be	e prior to date of filing or more than 90 days after filing.) Pursuant to 605, applicable statutory filing requirements, this date will not be listed
ment's effective date on the Department of State's rec	cords.
ecord specifies a delayed effective date, bu	ut not an effective time, at 12:01 a.m. on the earlie
e 90th day after the record is filed.	
d ///29/2018 Za	
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- (f	
ed	or authorized representative of a member

D.

Page 3 of 3

Filing Fee: \$25.00