L18000274091

Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : SERVICIOS COMUNITARIOS LATINOS INC
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Phone : (305)642-1010
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: exec.asst@rtalianinis.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TAQUERIA 27 LLC

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DEC 0 2018
A. LUNT

December 4, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAQUERIA 27 LLC
92 SW 3 ST
CU6
MIAMI, FL 33130US

SUBJECT: TAQUERIA 27 LLC
REF: L18000274091

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt
Regulatory Specialist III

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TAQUERIA 27 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:

MARTHA A. ELIZALDE
Name of Person

Firm/Company

92 SW 3 ST SUITE CU6
Address

MIAMI, FL. 33130
City/State and Zip Code

exec.asst@italiannis.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THARINE MORALES at: (305) 961-1181
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- ■ $25.00 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TAQUERIA 27 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 11/27/2018 and assigned Florida document number L18000274091.

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

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: ELIZALDE, MARTHA A.

New Registered Office Address: 92 SW 3 ST SUITE CU6
Enter Florida street address

MIAMI, Florida 33130
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.

x Martha A. Elizalde
If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MGR	ALIZALDE, MARTHA A.	92 SW 3 ST SUITE CU6	☐ Add
		MIAMI, FL. 33130	■ Remove
			☐ Change
MGR	ELIZALDE, MARTHA A.	92 SW 3 ST SUITE CU6	■ Add
		MIAMI, FL. 33130	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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E. Effective date, if other than the date of filing: 12/27/2018 (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 DECEMBER 3, 2018.

X Martha A. Elizalde
Signature of a member or authorized representative of a member

MARTHA A. ELIZALDE
Typed or printed name of signee