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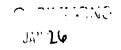
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SECRETARY OF STATE
IALLAHASSEE, FLORIDA



COVER LETTER

Div	ision of Cor	porations						
SHRIFCT		xican Kitchen, LLC						
SUBJECT: Name of Limited Liability Company								
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing					
			-					
riease return	an correspo	ndence concerning this matter	to the following:					
		George Ortiz						
			Name of Person	<u> </u>				
		George Ortiz						
			Firm/Company					
		3391 E Silver Springs Blvd	d., Ste. G					
			Address					
		Ocala, Florida 34470						
			City/State and Zip Code					
		gortizatty@gmail.com						
		E-mail address: ()	to be used for future annual report notifi	cation)				
For further in	nformation co	oncerning this matter, please ca	all:					
George Ortiz	Z.		352 732-2000 at ()					
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclosed is a	check for th	e following amount:						
□ \$25.00 F	iling 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:

TO:

Registration Section

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

Naldo's Mexican Kitchen, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Diability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000007117.	were filed on January 4, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
	2. 7) No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 11 11 11 11
he new name must be distinguishable and contain the words "Limited Liabil	tity Company, the designation "LEC for the	e abbreviasion "Lillic."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		22 ED
Enter new mailing address, if applicable:		1000
Mailing address MAY BE A POST OFFICE BOX)		gm 5
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the
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>	Address	Type of Action
MGR	Reinaldo Borunda	5495 SE 91st Street Ocala, Florida 34480	■ Add
			☐ Remove
			Change
			Add
			□ Remove
		 	□ Change
			Adding SSET A Remode
			PREMIOR
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	r than the date of filing the date must be specific an		ate of filing or many than	(optional)	VPurcuumt to 605 0205
Note: If the date inserte	ed in this block does not te on the Department of	meet the applicable			
as record enecifies	a dolayed offective	data but aat a	n affactiva tima a	+ 12.01 p.m	on the coulier o
	a delayed effective or the record is filed		i enective time, a	t 12.01 a.m.	on the earner o
January 17 Dated		2019			
11			0		
	adro N	of Clas	ν		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00