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COVER LETTER

	gistration Sect vision of Corp			
CUD IL CT.	The Taco Co			
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Yavuz Ozturk		
			Name of Person	
		The Taco Concept LLC		
			Firm/Company	
		410 9th Street N		
			Address	
		Naples, FL 34102		
			City/State and Zip Code	
		turcotaconaples@gmail.con		
		E-mail address: (1	to be used for future annual repo	rt notification)
For further	information cos	ncerning this matter, please ca	all:	
Yavuz Ozti			239 200-30 at ()	
	Name of I	Person	Area Code E	aytime Telephone Number
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TC)	
ARTICLES OF O	RGANIZATION	P
Ol	F	Programme Commencer
The Taco Concept LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our record lability Company)	الماري الماري الماري الماري الماري
he Articles of Organization for this Limited Liability Company v	were filed on March 7, 2019	and assigned مريح
lorida document number L19000066273		•
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
Timepar office address frost being troops mobiless		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
maning address MAT BE ATOST OFFICE BOAT		· · ·
B. If amending the registered agent and/or registered off		s, enter the name of the new
registered agent and/or the new registered office address here	•	
No GN - Device - J A		
Name of New Registered Agent:		
New Registered Office Address:	yn ry s	
	Enter Florida street addres.	S
·		orida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office of the change.	performance of my duties, an rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
If Chang	ging 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>	Name	<u>Address</u>	Type of Action
MGR	Ivica Milanoski	1310 29th St SW, Naples, FL 34117	Add
			□ Remove
			□ Change
			Add
		Remove	
		Change	
	<u></u>		
		Remove	
		Change	
			
		Remove	
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	the date of filing: must be specific and cannot be prior is block does not meet the applie the Department of State's records	r to date of filing or more than cable statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	o 605.0207 (2 e listed as th
the record specifies a dela) The 90th day after the		ot an effective time, a	t 12:01 a.m. on the ea	arlier of:
Dated April 30	2019			
- June 1	Inla	<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00