

L19000133213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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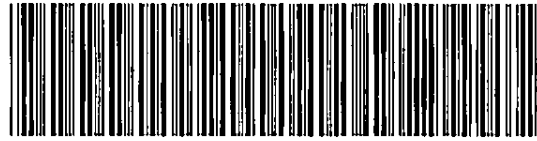
Certificates of Status _____

Special Instructions to Filing Officer:

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2024 APR 23 AM 10:24
STATE OF FLORIDA
TALLAHASSEE

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DATE: 04/23/2024

NAME: TORTILLA HOUSE LLC

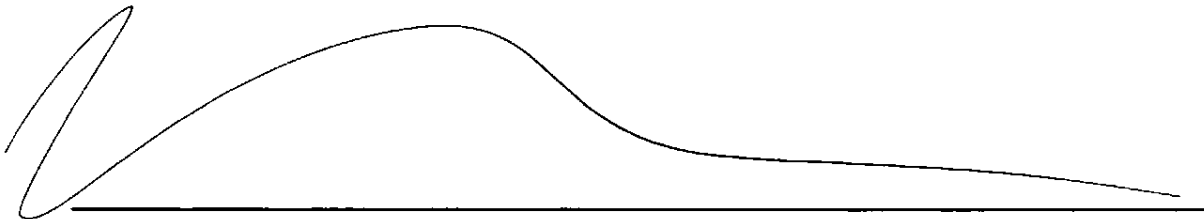
TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



A handwritten signature in black ink, appearing to read 'Abbie/Paul Hodge', is written over a horizontal line. The signature is fluid and cursive, starting with a large loop on the left and tapering off to the right.

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

Tortilla House LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 APR 23 AM 10:25

STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/16/2019 and assigned Florida document number L19000133213.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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>	<u>Address</u>	<u>Type of Action</u>
P, CEO	Monica Ocejó	761 RIDGEWOOD ROAD	<input type="checkbox"/> Add
		KEY BISCAVNE, FL 33149	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Enrique Perezalonso	761 RIDGEWOOD ROAD	<input type="checkbox"/> Add
		KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
T, CFO	Manuel Diaz Rivera	761 RIDGEWOOD ROAD	<input checked="" type="checkbox"/> Add
		KEY BISCAVNE, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Rodrigo Estrada	761 RIDGEWOOD ROAD	<input checked="" type="checkbox"/> Add
		KEY BISCAVNE, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

