## L19000147640

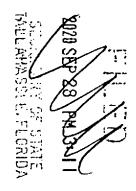
| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
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| Certified Copies        | _ Certificate:     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

| TO:       | Registration Section Division of Corporation   | :                                      |  |   |  |                   |       |
|-----------|--|--|--|---|--|-------------------|-------|
| OTTO YO   |  | AT CLEARWATER LI                       | uc ·   |   |  |                   |       |
| SUBJE     | C1:  | Name of Limite                         | d Liability Compar                                 | ıy  |  |                   |       |
|           |  |  |  |   |  |                   |       |
| The end   | losed Articles of Amendm   | ent and fee(s) are subm                | itted for filing.                                  |   | <u>بر</u><br>بــر                      | 2(                |       |
| Please r  | eturn all correspondence c   | oncerning this matter to               | the following:                                     |   |  | 2020 JUL          | <br>  |
|           | ANA  | E ROSARIO                              |  |   | مرید<br>مدیده                          | 28                |       |
|           | <del></del>  |  | Name of Perso                                      | n   |  | PH                | * *** |
|           | AME  | RICAN TAX & PAYR                       | OLL SERVICES                                       | LLC   |  | ့် <u>မှ</u>      | •     |
|           |  |  | Firm/Compan  | у   | Þ                                      | . 10              |       |
|           | 887 5  | TATE ROAD 436                          |  |   |  |                   |       |
|           |  |  | Address  | ·····   |  | 22                | •     |
|           | CAS  | SELBERRY, FL 32707                     |  |   | Ŷ                                      | SEP               |       |
|           |  |  | City/State and Zip                                 |   |  | 8                 |       |
|           | ANA.I  | ROSARIO@AMERICA<br>E-mail address: (to |  |   | ation) ~                               | P                 |       |
| For furth | er information concerning  | ·                                      |  | man report norme  | . C                                    | <u> </u>          |       |
| ana e     | ROSARIO  |  | 407<br>at (  | 767-1647  |  | >                 |       |
|           | Name of Person   |  | Area Code  | Daytime T   | Celephone Number                       |                   |       |
| Enclosed  | is a check for the followi   | ng amount:                             |  |   |  |                   |       |
| □ \$25.   |  | .00 Filing Fee & ertificate of Status  | S55.00 Filing<br>Certified Cop<br>(additional copy | ру  | Certificate Certified C (additional co | of Status<br>Copy |       |
|           | Mailing Address:<br>Registration Section<br>Division of Corporati<br>P.O. Box 6327<br>Tallahassec, FL 3231 |  | Reg<br>Div<br>The                                  | eet Address:<br>gistration Sectivision of Corpo<br>e Centre of Tal. | orations 🚄                             |                   | )EX   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Co<br>(A Florida Limi   | mpany as it now appears on our reco<br>ited Liability Company) | rds.)                            |
|--|--|----------------------------------|
| The Articles of Organization for this Limited Liability Comp<br>Florida document number <u>L19000147640</u>        | pany were filed on   | and assigned                     |
| This amendment is submitted to amend the following:  |  |                                  |
| A. If amending name, enter the new name of the limited   | liability company here:  |                                  |
| SENOR TEQUILA WESLEY CHAPEL LLC  |  |                                  |
| The new name must be distinguishable and contain the words "Limited L  | Liability Company," the designation "LI                        | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                                  |
| (Principal office address MUST BE A STREET ADDRESS   | <u> </u>   |                                  |
|  | ι Δ  |                                  |
|  | 17/  | 202                              |
| Enter new mailing address, if applicable:  |  |                                  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | N 7                              |
|  |  |                                  |
|  |  |                                  |
| B. If amending the registered agent and/or registered offi<br>agent and/or the new registered office address here: | ice address on our records, ente                               | er the name of the new register  |
|  |  |                                  |
| Name of New Registered Agent:  | <i>N</i> /8  |                                  |
| New Registered Office Address:   | · · · · · · · · · · · · · · · · · ·                            |                                  |
|  | Enter Florida street addr                                      | ess                              |
|  |  | lorida                           |
|  | 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       |
|--------------|-------------|--------------|----------------------|
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| ctive date, if other than the date effective date is listed, the date must be sp | e of filing:                         | filing or more than 90 days af | tional)      | )<br>r ) Pursuant tr | \ 605 ( |
| : If the date inserted in this block d   | loes not meet the applicable statu   |                                |              |                      |         |
| ment's effective date on the Departi   | ment of State's fectords.            |                                |              |                      |         |
| ord specifies a delayed effective date   | e. hut not an effective time. at 12  | 2:01 a.m. on the earlier of:   | /b) ፐ        | he 90th day          | after   |
| filed.   | ,, 000 201 212 01100 270 2120, 21 12 |                                | (0) 1.       | ,                    | 41.001  |
| 11 T V 25  | 2020                                 |                                |              |                      |         |
| d  | <del></del>                          |                                |              |                      |         |
|  | 1 /                                  |                                |              |                      |         |
| V./  | · 1 — - 1   1                        | esentative of a member         |              |                      |         |

Filing Fee: \$25.00