

L19 000269927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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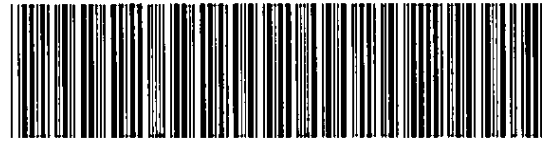
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

EL SEÑOR DE LOS TACOS, LLC

SUBJECT: _____
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:

TERESA DELGADO SANCHEZ

Name of Person

EL SEÑOR DE LOS TACOS

Firm/Company

1366 AUTUM DR

Address

TAMPA FL 33613

City/State and Zip Code

teredelgado0277@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESA DELGADO SANCHEZ

813 210-5737

Name of Person

at (_____) _____

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

EL SEÑOR DE LOS TACOS , 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 10/28/2019 and assigned
Florida document number 1190001269927

This amendment is submitted to amend the following:

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

EL SEÑOR DE LOS TACOS , LLC

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)

1441 E. FLETCHER AVE SUITE #111

TAMPA FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1366 AUTUM DR.

TAMPA FL 33613

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:

TERESA DELGADO SANCHEZ

New Registered Office Address:

1366 AUTUM DR.

Enter Florida street address

TAMPA

City

Florida

33613

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>
MGR	REYES DELGADO NANCY LOURDES	1366 AUTUM DR	<input type="checkbox"/> Add
		TAMPA FL 33613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TERESA DELGADO SANCHEZ	1366 AUTUM DR	<input checked="" type="checkbox"/> Add
		TAMPA FL 33613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RIFAIE, SAM	11902 N 53RD ST	<input type="checkbox"/> Add
		TAMPA , FL 33617	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)

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.

AUGUST 12TH 2021
Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee