

L19000274097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAR 18 2023

Office Use Only



900399799109

2023 JAN 11 PM 1:35
SECRETARY
FBI
95

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

MATY'S TAQUERIA LLC
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:

GILBERTO DIAZ

Name of Person

MATY'S TAQUERIA LLC

Firm/Company

~~22~~ 22 ALEXANDRA PL.

Address

FORT WALTON Bch., FL. 32548

City/State and Zip Code

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

For further information concerning this matter, please call:

GILBERTO DIAZ

Name of Person

at (850)

Area Code

716-9153

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

MATY'S TAQUERIA LLC

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

2023 JAN 11 PM 1:37
SECRETARY
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/1/2019 BY 1137

The Articles of Organization for this Limited Liability Company were filed on 11/1/2019 and assigned
Florida document number L19000274097

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:

GILBERTO DIAZ

New Registered Office Address:

22 ALEXANDRA PL.

Enter Florida street address

FORT WALTON Bch

Florida

32548

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.

Gilberto Diaz

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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|------|---------------|------------------|--|
| AMBR | MATILDE NUNEZ | 22 ALEXANDRA PL. | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | | |
|------|---------------|--|---|
| AMBR | GILBERTO DIAZ | 22 ALEXANDRA PL. FORT WALTON BCH, FL. 32548 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | | |
|------|------------|---|---|
| AMBR | JASON DIAZ | 22 ALEXANDRA PL FORT WALTON BCH, FL. 32548 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

NOT ADDITIONAL INFORMATION

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NOTE, I AM CHANGING (A GIFT) THE
(AUTHORIZED MEMBERS)
OWNERSHIP OF MY BUSINESS TO
MY TWO SONS: GILBERTO DIAZ
AND JASON DIAZ

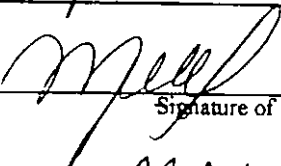
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 3, 2023.



Signature of a member or authorized representative of a member

MATILDE NUNEZ

Typed or printed name of signee