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2023 JUN 16 AM 7: 4;

COVER LETTER

TO:

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SUBJECT: _	MATY'S TAQUERIA LLC
SOBJECT	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: GILBERTO DIAZ Name of Person
The enclosed A	les of Amendment and fee(s) are submitted for filing.
Please return al	rrespondence concerning this matter to the following:
	GILBERTO DIAZ
	FORT WALTON Bch., FL. 32548
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	ation concerning this matter, please call:
61	Berto DiAZ at (850) 716-9153
	Fame of Person Area Code Daytime Telephone Number
Enclosed is a c	s for the following amount:
☑ \$25.00 Fili	Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy
Regis Divis P.O.	Street Address: tion Section Tof Corporations x 6327 See, 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 A DTICLES OF ODC ANIZATION

OF	ΓH	41 _
MATY'S TAQUERIA	2023 JUN 16	AM 7: 1
(Name of the Limited Liability Company as it now appears on our re-	cords:) LALAS	_ .:, <i>!</i> ., ,

MAIY'S TAQUERIA LUC' MATE 42
(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 $\frac{11}{12019}$ and assigned Florida document number $\frac{219000274097}{11900000000000000000000000000000000000$
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) FORT WALTON Bch.,
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here:
Name of New Registered Agent: 6/12 BERTO DIAZ

New Registered Office Address:

Enter Florida street address

FORT WALTON BCh. Florida 32548

City Zin 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 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
MGR	MATILDE NUNEZ	22 ALEXANDRA PL	t Add
		FORT WALTON BCh, FL 325	18 □Remove
			Change
AMBR	ANGEL CASTILIA	995 AIRPORT RO Destin, FL. 32541	<u>`</u> □Add
		Destin, FL. 32541	DRemove
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fan effective date <u>Note:</u> If the da	, if other than e is listed, the date te inserted in thi ective date on th	must be specific as block does no	and cannot be pri of meet the app	or to date of filing licable statutory	or more than 90 filing requiren	(optional days after filing tents, this date	g.) Pursuant to 605	5,0207 (ed as (
	es a delayed effe	ctive date, but r	not an effective	time, at 12:01 a	i.m. on the earl	ier of: (b) T	he 90th day afte	er the
record specific d is filed.								
	13-23		_:	·				
d is filed.	13-23	<u> </u>	Mo D	Andrized represent	ativa of a mamb	or .		

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