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TO:

Registration Section

Division of Corporations TAQUERIA SAN MIGUEL DE YURIRIA LLC				
TAOUERIA	A SAN MIGUEL DE YURIRI	IA LLC		
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
volum un em esper	idence concerning this matter	to the following.		
	MARIA CANTELLANO			
		Name of Person		
TAQUERIA SAN MIGUEL DE YURIRIA LLC				
		Firm/Company		
	4947 DOVE CROSS DR			
		Address		
		rumen		
	LAKELAND, FL 33810			
City/State and Zip Code				
	CANTELLANOMARIA89	•		
**	E-mail address: (to be used for future annual report not	ification)	
For further information ec	oncerning this matter, please c	all:	• ,	
MARIA CANTELLANO		863 337-8641		
Name of		at ()		
Name of	L.G.2011	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Cor The Centre of T	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAQUERIA SAN MIGUEL DE YURIRIA LLO	C
TAQUERIA SAN MIGUEL DE YURIRIA LLO (<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L20000011818	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES	<u> </u>
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records, enter the name of the new registere
New Registered Office Address:	
- Registered Office Address.	Enter Florida street address
<u>. </u>	Florida
provisions of all statutes relative to the proper and comp	l agree to act in this capacity. I further agree to camply with the plete performance of my duties, and I am familiar with and it as provided for in Chapter 605, F.S. Or if this decument is

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
MGR	GUSTAVO CANTELLANO	4947 DOVE CROSS DR	≣ Add
		LAKELAND, FL 33810	
			□Change
			□Add
t'	τ :		□Remove
- 5'*			Change
			□Add
			□Remove
			□Change
			□Add
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If amending any other informatio			• •	
				
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	12/06/202			
Effective date, if other than the dat If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be prior does not meet the applic	able statutory filing rea	(optional) an 90 days after filing.) Pursuan uirements, this date will not	nt to 6 0 5.0207 (be listed as t
e record specifies a delayed effective da rd is filed.	ite, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The 90th d	ay after the
Dated	2021	<u> </u>		
Maria J.C	antellano.	orized representative of a r	nember	
MARIA CANTELLANO		•		
	Typed or printe	ed name of signee		