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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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D. BRUCE OCT 18 1010

COVER LETTER

TO: Registration of Division of	on Section Corporations		
	ENDA DEL MARIACHI, LLC	•	
SUBJECT:	Name of Li	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	r to the following:	
	MIGUEL	. A ROSALES	
· /	-	Name of Person	· · · · · · · · · · · · · · · · · · ·
	LA	TIENDA DEL MARIACHI	
		Firm Company	
	200 N DENN	ING DRIVE SUITE 5	
		Address	
	WINTE	R PARK, FL 32789	- 2
		City/State and Zip Code	2020 SEP
		OGUADALAJARA@GMAIL.COM (to be used for future annual report notification)	EFF.
For further informat	ion concerning this matter, please		- 8
ALEJANDRO (GALVEZ	407 331-0005 at ()	S All 6: 24
N:	ime of Person	Area Code Daytime Telephol	ne Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA TIENDA DEL MARIACHI	. LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Etability Company)	15.)
the Articles of Organization for this Limited Liability Comp	any were filed on 05/14/2020	and assigned
lorida document number L20000131126		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
LA TIENDA DEL MARIACHI USA, LLC		
ne new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	2	202
		A SE
nter new mailing address, if annlicable:	PO BOX 593249	0
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	ORLANDO, FL 32859	
		(i)
		<i>t 1</i> –
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registi
chi and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ii.
	, F)	orida
	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 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	BRENDA F SALCEDO TORRES	PO BOX 593249	□Add
		ORLANDO, FL 32859	Remove
			□Add
			Remove
			□Change
		TALLAREA	Add 2020 Sight Remove.
		### ##################################	Change of PAdd
			□Remove
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etive de	ate if other than th	e date of filin	09/01/2020)		(antion	al)	
effective	ate, if other than the	ist be specific an	id cannot be pric	r to date of filing	or more than 90 of	days after fil	ing.) Pursu	ant to 605.03
	date inserted in this beffective date on the I				ming requirem	ems, uns u	aic wiii ii	ot be listed
ord spec filed.	rifies a delayed effecti	ve date, but no	t an effective	time, at 12:01 c	i.m. on the earli	er of: (b)	The 90th	day after tl
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ed	AUGUST 27		, 2020					
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