

L20000 157458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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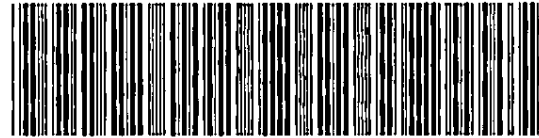
(Business Entity Name)

(Document Number)

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2020 JUL 31 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
SEP 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Taco Negro 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:

Maycarm Cothiere
Name of Person
Taco Negro LLC
Firm/Company
4711 NW 20th St
Address
Lauderhill, FL 33313
City/State and Zip Code
cothierec@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

May Cothiere at (305) 399-2868
Name of Person 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

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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

Taco Negro 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 6/9/2020 and assigned
Florida document number L20000157458.

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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>
<u>P</u>	<u>Ricardo Vincent</u>	<u>11410 sw 1st st</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33174</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>VP</u>	<u>Moycarm Cothiere</u>	<u>4711 nw 20th st</u>	<input type="checkbox"/> Add
		<u>Lauderhill FL, 33313</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Ricardo Vincent</u>	<u>11410 sw 1st st</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33147</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Moycarm Cothiere</u>	<u>4711 nw 20th st</u>	<input checked="" type="checkbox"/> Add
		<u>Lauderhill, FL 33313</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2022 JUL 31 PM 5:54
STANDARD TIME
JALAMISSE, FL

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SECRET
TALAM ASSOCIATES
2009 JUL 3 11 30 AM

2020 JUL 31 PM 5:54
SECRETARY OF STATE
TALAMASSETT

1. DATE
2. TIME
3. LOCATION
4. DESCRIPTION
5. REMARKS

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.

Dated 07/26/2020

MOG
Signature of a member or authorized representative of a member

Moycarra Cathrissi
Typed or printed name of signee

Filing Fee: \$25.00