## L20000210014

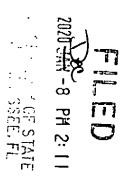
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	<u> </u>	STY THEO CLC	<del> </del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Pahshoo</u>	<del>/ (10)</del>	ACO UC
		Firm/Company	150 T
	1079	NW 38 ST	
	Mic	City/State and Zip Code	PH 2:
	AsherMalk	balivo annail to be used for future annual report noti	Lom Till =
For further information co	oncerning this matter, please ca	all:	
Asher Williame of	AM15 Person	at (305) 494- Area Code Daytim	3598 c Telephone Number
Enclosed is a check for th	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 C	Section orporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 632	/	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ms. BS Tasty Taco. LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records lited Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability Comp	pany were filed on 07/20.2020	and assigned
Florida document number L20000210014		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Ms. B's Tasty Taco, LLC		
he 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>	
		20
		2) 7
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		8
	<del></del>	P
		m/2 23
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	- The second sec
gent and of the new registred office address note.		
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street address	·
	. Flo	rida
	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>	Name	Address	Type of Action
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n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the application.	r to date of filing or mo	re than 90 days after f	ling.) Pur	suant to 605.0 not be listed
cument's effective date on the Department of State's records		, 1,		
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ecord specifies a delayed effective date, but not an effective t is filed.	ime, at 12:01 a.m. o	n the earner of: (b)	1 ne 90	in day after t
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ted December 3 , 2020	·			
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Filing Fee: \$25.00