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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Certified Copies Certificates of Status	_
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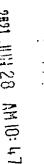
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TO: Registration Section Division of Corporations	
SUBJECT: El Mezcalito M	exican Grill, LLC
Name of Limit	ted Liability Company
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Cai	rlos Helendez
	Name of Person
<u> </u>	mezcalito Mexican Grill, LLC
1874 E	ugenia (+ NW) Address
	m Bay Tt 32907 City/State and Zip Code
Carmelale: E-mail address: (to	on Chotmail. com o be used for future annual report notification)
For further information concerning this matter, please cal	II:
Carlos Melendez	at (321) 507-6017
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

El mezcalito Me	XI CQn (Liability Compan Florida Limited Li	y as it now appears or ability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 200 00 21 5</u>		vere filed on <u>07</u>	1/22/2020	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>ie limited liabil</u>	ity company here:		
The new name must be distinguishable and contain the word	s "Limited Liabilit	y Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET.	ADDRESS)		-	121 Juli
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	DX)	NIA		11/28 AH 10:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				5 5
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ldress on our reco	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	NIA			
New Registered Office Address:	NIA	Enter Florida .		
		Enfer Plorida .	street address	
-	NIA	City	Florida	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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>	Type of Action
AMBR	Adrian Melenduz	1032 Buford St NW	🗆 Add
		1032 Buford St NW Palm Bay, To 32907	Remove
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			□ Add
			□Remove
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ive date, if other than ective date is listed, the dat	e must be specific ar	nd cannot be prior to	date of filing or mo	re than 90 days a	otional) iter filing	.) Pursuant to 60.
If the date inserted in the nent's effective date on t			le statutory filing	requirements.	this date	will not be list
	•					
d specifies a delayed eff	ective date, but no	ot an effective time	e, at 12:01 a.m. o	n the earlier of:	(b) Th	ne 90th day afte
led.						
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Typed or printed name of signee