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OCT 14 2000 T. LEIMELLY

COVER LETTER

Division of Corporations
JBJECT: Tacos El Halchine Gan LLC
Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Minicon Savainas Name of Person
HPEN Accounting Services
9801 N.W 15 Street
Photation, Fl 33333
E-mail address: (to be used for future_annual report notification)
or further information concerning this matter, please call:
Minam Sardinas at 786, 606-0151
Name of Person Area Code Daytime Telephone Number
nclosed is a check for the following amount:
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Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Hugust 3, 2020 and assigned Florida document number L2000 232475 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 "LLC." 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 City 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 Title Name Address Type of Action Atilio Padra 2901 DE 185th St. DAdd #1610 Aventura, A 33180 Michange Diwner Atilio Padra 2961 N.E 185+nSt DAdd 41610 Ameritara, Ft 33180 Ochange MGR Nanessa Casas 2941 N.E 185 th St. DAdd H WID Aventura, Pl 33180 Dechange Owner Vanessa Casas 2961 D.E 185 St. Add #1610 _____ Remove Aventura, Fl 33180 Ochange □Add Remove _____Change □Add □Remove

Change

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<u>te:</u> If t	he date inser	ted in this	nust be specific block does no Department o	ot meet the ap	plicable statutor	ng or more the	(optional) in 90 days after filing.) Pursuan irrements, this date will not	it to 605.020' be listed as
cord sp s filed.	oecifies a del	ayed effec	tive date, but	not an effectiv	ve time, at 12:01	a.m. on the	earlier of: (b) The 90th d	ay after the
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	1	Bar	Signature o	f a member or c	nuthorized represe	ntative of a n	nember	 -
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Filing Fee: \$25.00