L20000232475

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
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COVER LETTER

Registration Section Division of Corporations

TO:

	MACHINE GON LLC		•
SUBJECT:	Name of Lim	ited Liability Company	···
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	indence concerning this matter	to the following:	
	VANESSA CASAS		2322
		Name of Person	(: (: (: (: (: (: (: (: (: (:
		Firm/Company	·
	2951 NE 185TH STREET	APT#2008	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	Mirian Sardir E-mail address:	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	nll:	
VANESSA CASAS		786 210-8077 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 P.O. Box 632 Tallahassee, 1	Section Torporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TACOS EL MACHINE GON LLC

company has been notified in writing of this change.

(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 Florida document number 1.20000232475	were filed on 8/30/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	2951 NE 185TH STREET APT 2008	
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA FL 33180	
Enter new mailing address, if applicable:	2951 NE 185TH STREET APT#2008	
(Mailing address MAY BE A POST OFFICE BOX)	AVENTURA FL 33180	
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
agent and/or the new registered office address nere.		. (.
Name of Nam Davistand Assault		(-
Name of New Registered Agent:		O; (
New Registered Office Address:		······································
	Enter Florida street address, Florida City	.>
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

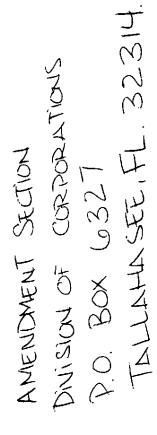
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗀 Add
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		·	DChange
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) ()		□Remove
			□Change

tive date, if other than the date of filing: (optional) (fietive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	r than the date of filing:
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ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	
iled.	
JULY 19TH 2022	2022
d JULY 19TII , 2022	
Signature of a member or authorized representative of a member	120
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member

Tranching



ESTRECLLA INSURANCE: 3750 WEST FLAGLER SIREET AMANI, FLOPIDA 33134