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COVER LETTER

Registration Section

TO:

Division of Cor	porations						
EL KORIT	A MEXICAN RESTAURANT	T LLC					
SUBJECT:	Name of Lin	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	ALEJANDRO PICHARD	o					
		Name of Person					
	ACCOUNTING CENTER	OF ORLANDO LLC					
		Firm/Company					
	1706 E SEMORAN BLVI	O STE 103					
		Address	 				
	APOPKA, FL 32703						
		City/State and Zip Code					
	APICHARDO@ACCOUN						
	E-mail address: (to be used for future annual report notif	ication)				
For further information c	oncerning this matter, please c	all:					
ALEJANDRO PICHAR	DO	407 574-7340 at ()					
Name o	f Person	at () Area Code Daytime	: Telephone Number				
Enclosed is a check for the	ne following amount:						
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Toronto 2415 N. Monroe	porations				
,		Tailahassee, FL	Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 10 AM 9: 37

EL KORITA MEXICAN RESTAURANT LLC TALL APASSI - FI CHIEF (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 and assigned Florida document number L20000247356 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MEX CRUZ, WENDY Y	2219 PINE AVE	🗆 Add
		MOUNT DORA, FL 32757	=Remove
			□Change
MGR	BERRIOS SALDANA, XAVIER J	300 W ATWATER AVE APT 608	□Add
		EUSTIS, FL 32726	■Remove
			□Change
			Remove
			Change
			□Add
			□ Change
			🗆 Add
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Note: If the date	if other than the is listed, the date mus e inserted in this blo ctive date on the De	ock does not	meet the app	licable statu	filing or more the tory filing rec	optinan 90 days after puirements, thi	onal) filing.) Pursus s date will no	ant to 605.020 ot be listed as
ord is filed.	s a delayed effectiv							day after the
Dated	nay Delaylo	26	2022	·				
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Filing Fee: \$25.00