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(Re	questor's Name)	
bA)	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 S	tatus
Special Instructions to	Filing Officer:	
	-111	2/21
Office Use Only		



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CALL AND DE STATE

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RECEIVED

2021 APR 12 PH 12:00

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2021

JENNIFER DILLON PO BOX 2672 INVERNESS, FL 34451

SUBJECT: INVERNESS BURRITO COMPANY L.L.C Ref. Number: L20000252549

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 221A00003826

www.sunbiz.org

TO: Registration Section Division of Corporations

.

mpany Limited Liability Company SUBJECT: WKIKCSS Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Davime Telephone Number Name of Person

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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 A	
ARTICLES OF O	RGANIZATION (
	2021 APR 12 PH 12: 43 <u>Pany L.L.C.</u> <u>As it now appears on our records</u> <u>EURE 17.12Y</u> OF ST. IE ability Company) TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company v	were filed on $\int \mathcal{O}\left[1 + \left(\mathcal{AO}\right)\right]$ and assigned
Florida document number <u>L2000252549</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u> <u>INVERTSE</u> <u>BOME Company</u> <u>Lin</u> The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>hited Ligbility Ompany</u> ty Company," the designation "L.L.C." <u>105B</u> Courthouse Square <u>Inverness</u> FL 34450
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	PO 1304 2672 Inverness, PC 34451
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registerec</u>

Name of New Registered Agent:	Jennifer (.Dille	21
New Registered Office Address:	12000 S. Canne	<u>a P4.</u>
	Enver Florida st	Florida <u>34436</u>
	City	, FloridiaZip 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	Jennifer Dillo	PO Box 2672	
		Inverness, FC 34451	🗆 Remove
			□Change
MGR	Ronald Dillon	6303 E. Gurley st.	🗆 Add
		Inverves, FE 34452	Remove
			□ Change
			🗆 Add
			🗆 Remove
			⊡Change
			🗋 Add
			Remove
			□Change
			🖸 Add
			🗌 Remove
			Change
			🗆 Add
			🗋 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1107 ins 311 OU any LL.C Inver \mathcal{O} 35 S 02 ₩ (optional) and jan E. Effective date, if other than the date of filing: (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

762 (Dated < Signature of a member or authorized representative of a member ONA >1CUDY Typed or printed name of signee