From: Tax Zone

11/15/22, 12:29 PM

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: accountant@ tokzone FC.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TACOS EL CHARRO LLC

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K. Brumpies

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COVER LETTER

TO: Registration So			· •	
TACOS EI	CHARRO LLC			
30BJEC1:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fcc(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GOMEZ GRAJEDA, BUL	MARO JR		
		Name of Person		
	TACOS EL CHARRO LL	с		
		Firm/Company		
	16049 JOHNS LAKE RD.			
		Address		
	CLERMONT, FL 34711 I.	ĸ		
		City/State and Zip Code		
	ACCOUNTANT@TAXZO			
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please c	all:		
GOMEZ GRAJEDA, BU	JLMARO JR	407 858-131		
Name o	f Person	Area Code Duytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Cop (additional copy	Status &

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

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18884530509

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TACOS EL CHARRO LLC					
(Name of the Limite	ed Liability Company (A Florida Limited Lia	r as it now appears on our records.) shifty Company)		_	
The Articles of Organization for this Limited Li Florida document number L20000275793	ability Company w	vere filed on <u>09/03/2020</u>	and	assigned	
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the we	ords "Limited Liability	y Company," the designation "LLC" or t	he abbreviation	"L.IC."	_
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				~~.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <u>OX)</u>				
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office ad <u>s here</u> :	dress on our records, enter the	name of the	new regin	stered
Name of New Registered Agent:	SANDRA M CO	NTRERAS CONTRERAS	:	VOV	<u>.</u> :
New Registered Office Address:	16049 JOHNS L.	AKE RD	<u> </u>	5	
		Enter Florida street aidress		PH	س< کے ح
	CLERMONT	Florida	a 34711	<u>::</u>	 c.
		Ctry	Zip Co	2.	

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

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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	<u>Name</u>	Address	Type of Action
MGR	Bulmaro Jr Gomez Graneda	16049 JOHNS LAKE RD	
		CLERMONT, FL 34711	■Remove
			□Change
			CAdd
			C]Remove
			□ Change
			DbAC
			Петоче
			□Change
			□Remove
			DAdd □
			□Remove
			□Change
			☐Add
			□Remove
			JChange

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(If an e	ctive date, if other than the date of filing: ———————————————————————————————————
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