## 220000286748

(Requestor's Name)
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anangan .
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## COVER LETTER .

		istratión Sect sion of Corpo						
ento tec		TACOS ANI	TAS LLC					
SUBJEC	. 1 .	Name of Limited Liability Company						
The enclo	osed	Articles of A	mendment and fee(s) are subr	mitted for filing.				
Please ret	turn	all correspond	dence concerning this matter t	to the following:				
			RUDY SALAZAR					
				Name of Person		<del></del>		
				Firm/Company		<del></del>		
			15134 MYRTLE STREET					
				Address		<del></del>		
			DADE CITY, FL 33523					
				City/State and Zip Code				
			Tacos.anitas@yahoo.com	· · · · · · · · · · · · · · · · · · ·		· <del></del>		
				o be used for future annual	report notification)			
For furth	er in	formation cor	cerning this matter, please ca	ıll:				
RUDY S	AL	AZAR		352 83	34-3954			
		Name of I	Person	Area Code	Daytime Telephor	ne Number		
Enclosed	is a	check for the	following amount:	.·				
<b>₩\$25.</b> 0	00 F	iling Fee	Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Malling 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TACOS ANITAS LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 9/14/2020	and assigned
Florida document number	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
		202( SE)
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or t	he abbreviation "L.C."
Enter new principal offices address, if applicable:	·	72 7
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	••••••••••	
	, Florid	aZip Code
	City	λφ 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 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
AP	RUDY SALAZAR	15134 MYRTLE STREET	
		DADE CITY, FL 33523	□Remove
		<del> </del>	□Change
			□Add
			П СП СТВОТЕ
<del></del>			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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			□Change
			□Add
			Remove
			Change

Note	tive date, if other than the date of filing:  (optional)  (fective 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 in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
the reco	and 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 filed.
Dates	AND GAYCA Signature of a member or authorized representative of a member  And GAYCA  Typed or printed name of signee
	(May garesa
	Signature of a member or authorized representative of a member