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# **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		
	A EL RINCON LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAQUELINE MENDEZ		
	<del> </del>	Name of Person	
	TAQUERIA EL RINCON		
		Firm/Company	
	11720 N 14TH ST, APT#	101	
		Address	
	TAMPA FI. 33612		
		City/State and Zip Code	
	jacquelinemendez012@gm E-mail address: 0	ail.com to be used for future annual report no	titication)
For further information c	oncerning this matter, please c		·
JAQUELINE MENDEZ		813 8632000 at ( )	
Name o	f Person	Area Code Dayin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	[2] \$30,00 Filing Fee & Certificate of Status	Zi \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAQUERIA EL RINCON LLC				
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on ou Liability Company)	ir records.)	
he Articles of Organization for this Limited Lia		y were filed on $\frac{01-15-201}{2}$	2 ī	and assigned
lorida document number 1.21000033553	<del></del> -			
nis amendment is submitted to amend the follo	wing:			
. If amending name, enter the new name of	the limited lial	bility company here:		
e new name must be distinguishable and contain the wo	ords "I imited I iab	dity Company," the designati	ion "LL("" or the abbi	eviation "L.L.C"
nter new principal offices address, if applica	ible:		·	
Principal office address MUST BE A STREE	TADDRESS)		<u> </u>	_ 22
			<u></u>	ငာ <del></del> -
			: 	
ater new mailing address, if applicable:			<u>.                                    </u>	
<u> Iailing address MAY BE A POST OFFICE F</u>	<u> 30X)</u>		3	.'
If amending the registered agent and/or re ent and/or the new registered office address Name of New Registered Agent:			s, enter the name	of the new regis
<del></del>	11720 N 1471	EST APT # 101		
New Registered Office Address:		Enter Florida stre	et address	
			224	3
	TAMPA		Florida <u>3361</u>	<del>-</del>

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.

Juequeline Mendey

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-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANTONIA HERNANDEZ	11720 N 14TH ST APT # 101	
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effective date is listed, the date must	date of filing:	filing or more than 90 days aft	er filing.) Pursuant to 605
If the date inserted in this blo ment's effective date on the De	ck does not meet the applicable statu partment of State's records.	nory filing requirements, the	us date will not be list
nd specifies a delayed effective filed.	date, but not an effective time, at 12	(01 a.m. on the earlier of)	(b) The 90th day afte
med.			
1 06 21/2021	TAMPA FI.		
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IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 01-15-2021

Employer Identification Number:

86-1478073

Form: SS-4

Number of this notice: CP 575 G

TAQUERIA EL RINCON LLC JAQUELINE MENDEZ SOLE MBR 11720 N 14TH ST APT 101 TAMPA, FL 33612

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-1478073. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only
  one time and the IRS will not be able to generate a duplicate copy for you. You
  may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is TAQU. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

# Electronic Articles of Organization For Florida Limited Liability Company

L21000033553 FILED 8:00 AM January 15, 2021 Sec. Of State jsdennis

## Article I

The name of the Limited Liability Company is: TAQUERIA EL RINCON LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

2202 E FLETCHER AVE TAMPA, FL. US 33612

The mailing address of the Limited Liability Company is:

11720 N 14TH ST APT 101 TAMPA, FL. US 33612

#### Article III

The name and Florida street address of the registered agent is:

ANTONIA HERNANDEZ 11720 N 14TH ST APT 101 TAMPA, FL. 33612

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANTONIA HERNANDEZ

#### Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR ANTONIA HERNANDEZ 11720 N 14TH ST APT 101 TAMPA, FL. 33612 US

Tifle: MGR JAQUETANE MENDEZ 11720 N 14TH ST APT 101 TAMPA, FL. 33612 US L21000033553 FILED 8:00 AM January 15, 2021 Sec. Of State jsdennis

## Article V

The effective date for this Limited Liability Company shall be:

01/15/2021

Signature of member or an authorized representative

Electronic Signature: ANTONIA HERNANDEZ

Lam the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.