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COVER LETTER

то:	Registration Se Division of Cor				4	et;
	Tacos El Ja	lapeno LLC				
SUBJE	UT;	Name of Limi	ted Liability Company	<u>-</u> .		-
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please n	eturn all correspo	ndence concerning this matter	to the following:			
		Odhet Ortega				
			Name of Person			
			Firm/Company			<u></u>
		3017 Linwood Drive				
			Address			
		Sarasota Fl., 34323				<u></u>
			City/State and Zip Code			
		odhetortcga@yahoo.com			(Bootion)	
For furt	her information o	E-mail address: () concerning this matter, please of	to be used for future annual:	report nou	meanon)	
Odhet (Эпеда	-	941 726 at ()	54085		
	Name o	of Person	Area Code	Daytim	ne Telephone N	umber
Enclose	d is a check for the	he following amount:				
□ \$ 25	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		Cer Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company viriliance of Organization for this Liability Company viriliance of Organization for the Organization fo	were filed on January 19, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Tacos El Jalapeno LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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, 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
	·		□ Add
			□Remove
			Change
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n effect ote: It	e date, if other than the date of filing: tive 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 605.020 the date inscreted in this block does not meet the applicable statutory filing requirements, this date will not be listed and it's effective date on the Department of State's records.
ecord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
13 1110	2021
F	ebruary 2 2021
F	Ochet Gya
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00