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(Red	questor's Name)	
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COVER LETTER

Division of Cor			
SUBJECT:	14's Tacos	To Go LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Monique	Name of Person	
	•	Name of Person	
	1 1 1/4 -	Tages To Call	1.0
	<u> </u>	Tacos To Go L	
	3510	Grand Blud	
	New	Port Richer F City/State and Zip Code	1 3465Z
	Lilysto	a cos to Go @ a Maulto be used for future annual report noti	Com
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
11.	1	727 1100	2797
Monique Name o	e Wells Person	at (727) 492 - Area Code Daytim	e Telephone Number
		•	·
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional 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

Lily's lacos lo	20 (((
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	4	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Lily's Tacos LL	C	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3510 Grand Blu	<u>d</u>
(Principal office address MUST BE A STREET ADDRESS)	New York Riche	ey Pl 34652
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3510 Grand Blu New Port Riche	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		ne of the new registered
Name of New Registered Agent:	onique Wells	
New Registered Office Address: 35	Enter Florida street address	
Neu	o Port Richey, Florida_	
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, Agenture 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

Title	<u>Name</u>	Address	Type of Action
NGT	Lilia Gomez	3510 Grand Blud	□Add
		New Port Richey FT 3465	52 Remove
			Change
MBR	Dustin Wells	3510 Grand Blud	ØAdd
		New Port Richey F1 34652	□Remove
			□ Change
			🖸 Add
			□Remove
			□Change
			□Add
			□Remove
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Marine Barrier			🗆 Add
			□Remove
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If the	date inse	rted in t	this blo	ock doe	s not n	neet the	e applica	ble stat	utory fili	ng requ	irements	s, this di	ate will	not be list
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