## KZ1000149709

(Re	questor's Name)	
(Ad	dress)	
(Âđ	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL PALACIO BUFFET LLC			
( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	my as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L21000149709</u>		were filed on 03/31/2021	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u>.                                    </u>
			<u></u>
Enter new mailing address, if applicable:			
•••	BAN		
(Mailing address MAY BE A POST OFFICE	<u>BO.()</u>		
B. If amending the registered agent and/or i	ranictared office	address on our resords, enter the na	me of the new registered
agent and/or the new registered office addre		address on our records, enter ene was	· .
Name of New Registered Agent:	JOSE L GUZM	1AN	
New Registered Office Address:	843 LEE RD		
		Enter Florida street address	-
	ORLANDO	, Florida <sup>:</sup>	32810

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment us 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip-Code

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>	<u>Name</u>	Address	Type of Action
MGR	RAFAEL MARTENEZ	843 LEE RD	🗀 Add
		ORLANDO FLORIDA 32810	<b>≡</b> Remove
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			□Add
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ective date, if other effective date is listed, t	than the date (	of filing:	orior to date of file	ng or more than 90	(optional) days after filing.) Pure	suant to 605.020°
e: If the date inserted ument's effective date	d in this block do	es not meet the a	applicable statuto	y filing requiren	nents, this date will	not be listed as
iment's effective date	e on the Departit	em of State s rec	LOIUS.			
ord specifies a delayo	ed effective date,	but not an effect	tive time, at 12:0	l a.m. on the ear	ier of: (b) The 90	h day after the
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ed AUGUST 03	7,	2021	·			
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-	Signat	re of a member of	r authorized repres	entative of a memb	er	<del></del>
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