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### **COVER LETTER**

	Registration So Division of Cor			
SUBJEC	TAQUERI	A LOS JALAPENOS, ELC		·
.,Obarec		Name of Lin	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		JUAN C HERNANDEZ		
			Name of Person	
		TAQUERIA LOS JALAPI	ENOS, LLC	
		<u> </u>	Firm/Company	
		14264 sw 8st		
			Address	<del>-</del>
		miami fl 33184		
			City/State and Zip Code	
		taqueriajalapenos2021@gm		
			o be used for future annual report notif	lication)
For further	r information co	oncerning this matter, please ca	dl:	
juan e hen	nandez		678 936 9276	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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TAQUERIA LOS JALAPENOS, LLC

S JALAPENOS, LLC

SECRETARY

(Name of the Limited Liability Company as it now appears on our records.) IALLAHASSUS BALE

(A) Rollid Entitled Entonity Company)	
The Articles of Organization for this Limited Liability Company were filed on 03/31/2021	and assigned
Florida document number L21000150608	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev	iation "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)	<u> </u>
	_
B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:	
agent and/of the new registered office address nere;	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	<del></del>
Florida	
	p 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	a comply with the

## <u>N</u>

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>	<u>Name</u>	Address	Type of Action
AMBR	LILIANA E GARCIA	14264 sw 8st miami fl 33184 unit 31	≣Add
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be priously does not meet the appli	r to date of filing or n cable statutory filir	nore than 90 days after	ional) r tiling.) Pursuant to 605.02 is date will not be listed
locument's effective date on the De			on the earlier of: (b	r) The 90th day after th
locument's effective date on the De	date, but not an effective	time, at 12:01 a.m.		
locument's effective date on the Department of t	date, but not an effective of the date.	time, at 12:01 a.m.		
locument's effective date on the De record specifies a delayed effective d is filed.		ime, at 12:01 a.m.		

Filing Fee: \$25.00